DOCUMENT RESUME

ED 150 830 EC 104 196

TITLE	The Best of Challenge. Volume III.
INSTITUTION	American Alliance for Health, Physical Education, and Recreation, Washington, D.C.
PUB DATE	Jun 76
NOTE	127p.; Photographs and parts of text may be marginally legible
AVAILABLE FROM	AAHPER Publication-Sales, 1201 Sixteenth Street, N.W., Washington, D.C. 20036 ($7.00); All orders other than those on official purchase order forms must be accompanied by payment
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	Adapted Physical Education; Athletics; Camping; Dramatics; Elementary Secondary Education; Equipment; Facilities; Games; *Mentally Handicapped; Music; Perceptual Motor Coordination; Physical Activities; *Physical Education; *Recreation

ABSTRACT

Provided are reprints of 56 articles on physical education and recreation for the mentally retarded originally published between September/October 1973 and April/May 1976. Articles are grouped according to the following major topics (sample subtopics in parentheses): activities (arts, crafts, and games; camping and canoeing; drama and music; and motor and perceptual motor development); programs (athletics and sports, recreation, and therapy); innovative ideas, facilities, and equipment; leadership; books and periodicals; films; cross country challenges; and research. (CL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED150830

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

The BEST of Challenge

Volume III

BEST COPY AVAILABLE

AMERICAN ALLIANCE FOR HEALTH, PHYSICAL EDUCATION, AND RECREATION

1201 Sixteenth Street, N.W., Washington, D.C. 20036

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

AAHPER

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

EC104196

Copyright 1977

AMERICAN ALLIANCE FOR HEALTH,
PHYSICAL EDUCATION, AND RECREATION

1201 Sixteenth Street, N.W., Washington, D.C. 20036

Order from AAHPER Publication-Sales
1201 Sixteenth Street, N.W., Washington, D.C. 20036
All orders other than those on official
purchase order forms must be accompanied by payment.

Preface

Challenge made its debut in December 1965 to provide a vehicle for sharing ideas among individuals interested and involved in physical education, recreation, and related activity areas for mentally retarded persons. Now some 11 years later, *Challenge* continues to thrive by providing assistance in a variety of ways to personnel in physical education/adapted physical education, recreation/therapeutic recreation, sports/athletics, aquatics/swimming, camping/outdoor education, and other activity areas involving impaired, disabled and handicapped participants.

Best of Challenge provides a compilation of the contents of previous issues of *Challenge*. This is the third edition and covers the period between September/October 1973 and April/May 1976. The 13 issues in this period have been carefully reviewed and articles and information placed in the appropriate major section and subsection. Since many articles deal with several topics, an index is provided to help readers locate all the materials in which they are interested. The organizational pattern of this volume follows closely that of the previous two volumes because of the enthusiastic way it has been received.

A comparison of the contents of this volume with those of the two earlier volumes reveals the great progress and changing priorities that have occurred during the last 11 years as well as the universality of some needs. Personnel continually seek practical program ideas that can be used directly or adapted for their programs. Emphasis has changed gradually and then dramatically from major concern for mildly and moderately mentally retarded persons to those who are severely and profoundly retarded and/or with multiple conditions. Despite feelings of many people to the contrary, the fallacy of looking upon these areas as being different from sound developmental physical education and recreation programs and activities is evident. Although many of the specifics–activities, methods, adaptations, innovations, publications–found within these pages have been developed to meet special needs of given individuals and groups, there is nothing which could not or should not be a part of similar programs involving individuals of comparable physical, motor or recreational abilities. This reinforces the efficacy and practicality of including individuals who can successfully participate in regular programs.

While a continuum of placement opportunities is both implicit and explicit from the contents of this publication, questions are raised and fuel added to the long-debated controversy of heterogeneous versus homogeneous grouping and placement for everyone, including mentally retarded persons. What are the relative advantages and disadvantages of separated and integrated physical and recreation programs? Which activities are more effective in each of these organizational patterns? Do certain personalities adapt better to one approach than to the other?

One area obviously missing from this volume is material written *by* mentally retarded persons. Much rhetoric supports philosophical positions advocating independence of and self-advocacy by mentally retarded persons. Unfortunately this is seldom reflected in activities and programs themselves. Conscious efforts must be made to include mentally retarded persons in policy and decision-making processes, as they are given more say in shaping their own futures and provided opportunities to serve in real leadership positions. This new direction must include opportunities to provide input to publications and periodicals about matters vital to attaining the most consistent high quality life as possible.

Program efforts and directions must be more than dedicated to the proposition that equality of opportunity is an inherent right of *every* individual. This proposition must be reflected in action not mired in bureaucratic red tape and philosophical jargon. Those individuals and agencies providing services must recognize the ability, worth and dignity of *each* individual with whom they work. Only with this attitude will we be able to review the contents of another volume of *Best of Challenge* and see progress toward fulfilling these goals of making equality of opportunity a basis for life, liberty and the pursuit of happiness and a reality for everyone regardless of station in life, type or degree of handicapping condition. It is to the achievement of these goals, to individuals who are going to see that they are accomplished, and to the many individuals so glibly labeled mentally retarded or handicapped from whom we continue to learn so much about humanity, life and living that this volume is respectfully and sincerely dedicated.

Julian U. Stein
Consultant, Programs for the Handicapped

Contents

I. **EDITORIALS AND LETTERS**

Editorials 1-5,7-8
Letters 6

II. **ACTIVITIES**

Arts, Crafts and Games

Ideas from our Readers 9

Camping and Canoeing

Reaching Out + Reasonable Risk = Growth Adventure ..... *Lee Anna and Rolf H. Mielzarek* 11
Freezurtoz ..... *Russ Scharman and Ron Woolstenhulme* 13
Experience/Skill Checklist 15
Steve Brannan

Drama and Music

Orff-Schulwerk ..... *David Morgan* 16

Horseback Riding

Riding Programs and Mental Retardation .. *Eleanora C. Gordon and Bannie M. Stewart* 19
North American Riding for the Handicapped Association 20
Cheff Center for the Handicapped 20

Martial Arts

Martial Arts for the Handicapped ... *Barbara Kay Ross* 21

Motor and Perceptual-Motor Development

Write or Right? .... *Gloria R. MacMaster* 24
Multi-Carpet Activities . *Dennis C. Schmidt* 26
From Our Readers 28
Perceptual Motor Skill Training . *Dick Ness* 29
Do Your Students Need Perceptual-Motor Training? ..... *Claudine Sherrill* 30
Gravity Reduction as a Therapeutic Modality ..... *Marc A. Bartnik and Bruce Lewis* 31

Skiing

Cross Country Skiing for the Mentally Handicapped ..... *Nola Sinclair* 33

Swimming

Hands Across the Border .. *Judy Newman* 35
Developmental Pool Activities for Fun ..... *Louise Priest* 37
Hydro-Slimnastics ..... *Betty Clark* 38
A Code for Swimming Volunteers ..... *Carol Hill* 39
Safe Swimming and Epilepsy 39

III. **PROGRAMS**

Adults

Don't Sell Us Short: Thoughts of a Retarded Adult ... *Judy Newman* 40

Athletics and Sports

Olympics for Everyone? .... *Robert L. Campbell and Peggy Reagan* 41
Intramural Athletic Program for the Mentally Handicapped Adolescent ... *James Staniszewski* 43

Ongoing

An Awakening to Laughter ..... *Joel A. Bloom* 45
GoodtYmes Enrichmen' Program ..... *Esther M. Dedrick* 47
Hand in Hand ..... *Jlene Ackner* 48
The Therapeutic Value of Donkeys ..... *J.M. Goodricke* 50
Family Togetherness 51

Recreation

Everybody's Playground. *Kathleen Murphy-Wiese and Ronald F. Barna* 52
Adapting Areas and Activities for Recreation ..... *Bob Cipriano* 54

Mainstreaming: Preparation in a Municipal Recreation Department 54

Moderately and Severely Retarded

Individual Personal Instruction Plan ..... *Sarah A. Whalen* 55

What Is Included in Play? 57

Philosophy in Action 60

Therapy

Skills for Living ..... *Ruth Egel* 61

Physical Developmental Therapy Technique for Severely Multiply Handicapped Children ..... *Hasu S. Patel* 62

IV. INNOVATIVE IDEAS, FACILITIES, EQUIPMENT

Innovative Ideas

A Little Extra ..... *Hap Cole* 64

Programming Techniques that Work ..... *Howard Sorrell* 67

Facilities

The Swedish Physical Fitness Trail 69

Equipment

Folding Balance Beam ..... *Hap Cole* 72

Box Tandem ..... *Glenn A. Gruber* 73

How to Teach with Tubes ... *Ricki Henry* 74

Gym Scooter Modification ..... *Paul Yourchisin* 76

V. LEADERSHIP

They're the Best! ..... *Rogene Myers* 77

An Interdisciplinary Approach to Preparing Teachers of the Handicapped ... *Louis R. Osternig and Edna P. Wooten* 79

Delta "S" ..... *Viki Anand* 81

Volunteer Aides ..... *Susan J. Grosse* 82

Physical Education Specialist Self-Evaluation Guide ..... *Jed Morrison* 83

VI. BOOKS AND PERIODICALS 84

VII. FILMS 89

VIII. CROSS-COUNTRY CHALLENGES 95

IX. RESEARCH

Studies Related to Moderately (Trainable) Persons ..... *Janet A. Wessel, Paul G. Vogel and Claudia J. Knowles* 104

Research Analyses and Needs 109

Sensori-Motor Techniques 111

Research Studies and Reports 113

I. EDITORIALS AND LETTERS

Individuals with various disabling conditions are a part of every segment of society. Many are handicapped only because of our attitudes! Throughout history disabled persons have been discriminated against. For example, in ancient Sparta, individuals thought to be less than perfect were abandoned on the side of a mountain. In early Brazil individuals who had hallucinations were thought to have godlike powers and looked upon as priests. Cultural values and stigmas attached to both physical conditions and mental retardation put many with these conditions in roles of court jesters to entertain royalty. Despite humanitarian influences, philosophies that recognize individual differences, and legislation guaranteeing rights of every person, discrimination against the disabled, still exists today.

Refusal or inability to socially integrate individuals with various physical and mental conditions, to accept them totally, or to allow them a life worth living may be more damaging that actual segregation. Psychological and emotional implications of a battered, negative self-image and altered ego are devastating. Often our prejudices are influenced by factors of which we ourselves are unaware. Seldom do generalizations about any group present an accurate or even representative picture of individuals comprising that group. Seldom, if ever, are any of these factors caused or even controlled by members of the group being categorically labelled.

Socio-economic conditions of a society seem to affect prejudices. If a country is experiencing a financial crisis and many people are out of work, the able-bodied jobless tend to get the sympathy and more advantages. That the disabled have been saddled with both—the under- and unemployed—for centuries does not appear to concern many.

Some feel that the government should deal with all problems of disabled individuals. Government subsidies deal only with monetary problems not psychological or social ones that affect one's feelings about himself and the society in which he lives. The degree of disability and visibility of conditions influence our attitudes whether we show sympathy, apathy, or empathy!

Legislation has been designed to protect the rights of disabled individuals. However, right to education, right to treatment, right to community services, guarantee of equal protection under the law, and eliminating architectural barriers to make facilities accessible do not in themselves change either conditions or attitudes. Honest efforts are being made by many to change their attitudes toward disabled persons. The road to attaining the goal of total citizenship and in recognizing the abilities of disabled people appears to be still quite rocky.

Among people looked upon as incapable of the lowliest human feelings are the "living dead"—large numbers of severely/profoundly mentally retarded individuals. Many who use the term apply it in generalized ways oblivious of the individual so glibly described. Some can only see the most impossible form of mental retardation. Unfortunately those generalized into this fateful category are often placed there on the basis of standardized assessment devices and by individuals having hardened categories themselves. Self-defense by those so placed is often impossible for many severely/profoundly mentally retarded individuals are unable to communicate verbally. Their conditions are often complicated by taxing physical problems which make symbolizing through signing difficult.

For these and many more reasons, the label severely/profoundly mentally retarded has been inflicted upon these defenseless persons. Who is responsible? Society has needed an excuse to justify its actions and inactions. It is much easier to forget that these individuals exist by hiding them from our guilt-ridden view in residential facilities than to reassess real feelings. We need to become acquainted with them as individuals and treat each one as a person of worth and dignity with human potential, not as a lifeless shell. This will not be easy. It will require time, unusual effort, and much patience. Each of us must make a conscientious effort to understand and see the world through their eyes. This will help us to appreciate them as individuals, work more effectively with them, and help make their lives worth living.

Severely/profoundly mentally retarded as a term does not describe individuals—*no label can accurately represent any group of people.* The key is to recognize separate and unique traits of each individual. If we want to classify and group them, such characterizations should be positive and in terms of qualities most of us will unfortunately never possess. They are capable of giving without taking, and never asking for receipt. When was the last time you gave anything to anyone without expecting something in return? We even give our love selfishly. When a severely/profoundly mentally retarded person likes you, you can be sure it is you that is liked, not your name, money, or title. Amazing how important things in one person's life can be totally meaningless in another's. Their pure and basic need for love and understanding is something they have been forced to live without. Could you live without it?

Linda M. Tibaudo, IRUC Intern and
Co-Guest Editor

Editorial

Throughout the years many dedicated individuals and organizations have served as advocates for impaired, disabled, and handicapped populations. Progress has occurred in varying degrees because of their efforts; in other instances, progress has been made in spite of their efforts! This apparent contradiction developed because many suggestions, recommendations, and activities we have promoted and even fought for are not necessarily what the population being served wants. An example of this phenomenon is still found in groups that insist on incorporating Braille trails for the visually impaired despite the fact that the blind themselves for the most part do not want such facilities. In fact, the American Foundation for the Blind has a strong position statement against Braille trails.

This paradox is even more difficult to understand because of recent emphasis—too often merely lip service—given to *consumer advocacy* in which individuals being served are given opportunities to participate actively in all aspects of programs including at important decision and policy making levels. When advocates are individuals who not only speak for a group but with personal first-hand experience of a consumer, there is more impact and effect. In many instances consumers are taking drastic and even militant steps to meet their needs and gain their ends. Interdisciplinary cooperation and multiagency teamwork are other trends that relate to this total process and make consumer advocacy more viable and necessary today than at anytime in the past.

Despite these trends, too many programs, advisory committees, and legislative bodies continue to do their thing without even consulting those being served, much less providing them opportunities to participate in decisions that so directly and intimately affect them, their lives, and their very destinies. In some instances extremely successful results have come from consumer involvement. For example, major changes have been made in facilities to remove architectural barriers in recreational, transportation, and other public facilities because of efforts of physically impaired persons. Self-governing groups sponsor and conduct a variety of recreational, social, and travel programs with both mildly and moderately retarded participating in all aspects of planning and implementing activities. Sports groups of all types provide activities in virtually every conceivable sport for almost any impaired condition through efforts of those with particular conditions.

Yet in the majority of situations, those with the greatest potential to serve and provide meaningful input are completely overlooked and even actively ignored. Any program—regardless of special population being served, including mentally retarded persons—that in 1975 is to look ahead and move forward, not move back toward 1960—*must* include a representative number, even a majority, of the population being served in deliberations about planning, implementing, administering, supervising, evaluating, and delivering services of all types to impaired, disabled, and handicapped persons. This involvement must permeate every level—Presidential Committees, Council, and Commissions; federal agencies including review panels, field readers, and policy makers; national, regional, state, and local advisory committees, executive boards, task forces, and planning groups; college/university professional preparation programs in all related areas including adapted physical education and therapeutic recreation; and at the practitioner level.

In the past, special populations have requested involvement. Their next step will undoubtedly be positively militant! Only if we are consistent in thought and action through concerned sensitivity for what we see, hear, and espouse, can our contributions continue to be effective in helping all impaired, disabled, and handicapped persons help themselves reach what has been our highest goal of maximum independence for all. It is high time we put up or shut up!

EDITORIAL

Mainstreaming persons with various handicapping conditions into community physical education, recreation, and school programs is a topic of great controversy today. Everyone who is cognizant of mainstreaming efforts—either through reading or direct experience—seems to have an opinion, many times a strong one. In fact, the very mention of this subject may have already caused some readers to turn to the next page! But this editorial is not only about mainstreaming. It is about attitudes—the negative attitudes that so many physical educators, special educators, and recreators have toward the mainstreaming concept.

Mainstreaming is based on the principle of normalization, which holds that the life of an individual, whether institutionalized or living in the community, should follow as many *normal* patterns and routines as possible. Participation in education, recreation, or physical education activities in an environment other than that intended for sleeping, eating, or working is *normal* even for the most severely impaired individual. Mainstreaming continues this normal living pattern by allowing individuals to leave institutions, halfway houses, or group homes and participate in community recreation, physical education, and educational opportunities.

We might describe mainstreaming as being on a continuum, only one section of which is complete integration with non-handicapped participants in community programs. Other sections of the mainstreaming continuum include participation in a segregated group at a community facility (such as being in a special class at the public school, or being in a scout troop for handicapped youngsters and meeting at a community center) or, at a lower level, simply riding through the community in a car. The most prevalent and common misconception about mainstreaming is that it means dumping large numbers of handicapped persons into community programs, whether or not the community or the handicapped persons are ready. This is *not* mainstreaming—and no *knowledgeable* person ever said that it was.

Unfortunately, however, it only takes a few not-so-knowledgeable people with knowledgeable-sounding titles to create fears, doubts, and other negative attitudes among physical educators, recreators, and educators searching for answers. The so-called experts, through their own fears or misconceptions, perpetuate the *dumping* concept rather than the continuum aspects of mainstreaming. An equal contributor to negative attitudes is the tendency by many colleges and universities to emphasize separate majors dealing with handicapping conditions. These majors make

handicapped people seem so special and so different, as if only a person with a degree in *therapeutic* recreation or *adapted* physical education or *special* education could conduct a program with them! Naturally, professionals without these degrees become apprehensive at the thought of handicapped persons entering their programs.

The blame cannot entirely rest with misinformed experts or segregated college programs. Negative attitudes toward mainstreaming really started years and years ago, before mainstreaming was even a word. Many of our attitudes toward physically and mentally handicapped people have been built on similar misconceptions—they are oversexed/undersexed, they can't control their bladders, their disabilities are contagious. As long as handicapped people stayed in institutions we did not have to face these attitudes. However, mainstreaming has forced us to confront our deepest feelings and fears, because we are either confronting or apt to confront more persons with handicapping conditions every day. The misinformation gathered from experts, and the thought that a special degree is needed to work with handicapped people only heightens our apprehension.

What, then, is the answer to negative attitudes about handicapped individuals and mainstreaming? Negative attitudes will certainly not automatically become positive when misinformed experts disappear; nor will they become positive when all physical education, recreation, and general education students are offered awareness courses about handicapped persons. We will only see an end to negative attitudes when we each examine our own basic feelings about handicaps and handicapped people, accept mainstreaming as a way to normalization and dignity, and—TRY IT!

Liane Summerfield, Guest Editor

Editorial

A watchword today in programming for individuals with handicapping conditions – especially mentally retarded persons – is ***normalization***. Many different ideas, interpretations, and applications of normalization are prevalent. As in many situations, advocates of one approach or another often feel that their way is the only way and all other ways are wrong, harmful, and not meeting needs of participants in specific programs and/or activities.

This ***either – or*** philosophy is reflected in many ways by professionals involved in planning, supervising, and implementing normalization approaches in both community and residential facility programs. For some, the only answer lies in complete integration or main streaming, ready or not. To others, chronological age is the sole basis for determining appropriateness of activities regardless of response by participants. Still others look for a magic formula that will guarantee success for everyone in the same way – they seek the wonderland that will be everything to everybody.

Apparently we are still unable to avoid several traps that lead to and promote unwarranted and unfounded generalizations. There is still a tendency to plan and program on the basis of categories and labels rather than individual needs and functional abilities. There is still a great deal of indiscriminate placement of participants into programs and activities on the basis of traditional approaches rather than on the background, experience, and capabilities of each participant. The pendulum continues to swing from one extreme to the other as exemplified in program planning before and after normalization was the "in" thing. Mental age used to be ***the*** way to determine appropriate activities for mentally retarded persons. Now chronological age is ***the*** answer. ***Actually neither approach is totally right.*** While we never want to insult the intelligence, age, maturity, background and/or experience of anyone, we must recognize the individuality of those with whom we deal and serve in making program and activity recommendations. Participants must have opportunities to serve as their own spokesmen and advocates. Since it is difficult – if not impossible – to determine what is normal, there are many roads to normalization. Homogeneous groups in community settings offer more for some than mixed or integrated groups. Activities that are challenging to some are less than routine to others. Things sophisticated for one are childish to another.

Since there is no one way to achieve success, we must stop imposing and superimposing our own interpretations, conceptions, biases, likes, dislikes, and hangups upon those we serve. Personnel in physical education, recreation, and related areas have golden opportunities that cannot and must not be missed. The breadth and scope of these areas make activities appealing regardless of one's age, background, experience, condition, or ability. We can also profit from both successes and failures, right and wrong decisions of those from related fields and disciplines. It's high time we stop spinning our wheels by continually rediscovering the wheel and get on with the serious business at hand. To do this, we must get up on the shoulders of our predecessors and project our vision further and further in behalf of those we serve and for all mankind.

Public school physical education teachers and community recreation leaders continue to seek assistance for meeting needs of individuals with various physical and mental conditions who are participating in their programs with greater frequency and regularity. Both litigation and legislation are contributing to this process. Information about special activities, innovative devices, and creative approaches is being sought by these leaders and teachers. Several crucial questions regarding these needs have to be explored further: (1) What is the special body of knowledge in physical education, recreation, and related areas for special populations? (2) In what ways are programs and activities for special populations similar to or different from good developmental physical education or recreation programs? (3) To what extent has emphasis on differences among populations and extensive specialization among teachers and leaders been a deterrent to developing programs designed to meet needs of special populations, especially in integrated or mainstreamed situations?

Certainly there are individuals for whom special leadership competencies and segregated programs are necessary. A variety of devices and adaptations of methods have been developed to meet specific needs of certain individuals. However, few if any of these special techniques or procedures can be identified as only for special populations. Careful analysis of special curricula for these populations reveals refinements and expansion of good, sound developmental programs. In fact, many advances in elementary school physical education have come from approaches introduced to meet special needs of mentally retarded, learning disabled, perceptually involved, and mildly impaired children! This further emphasizes the fact that activities, methods, and approaches so effective in special programs are part and parcel of sound developmental programs. General workshops and special inservice programs such as PROJECT ACTIVE (New Jersey) and curricula development projects such as I CAN (Michigan) are further indications of these similarities.

With so many school physical educators and community recreation personnel still focusing on differences embodied in categorical approaches, many professional preparation programs evidently emphasize teaching activities rather than children. It is both ironic and disquieting to find many of these same teachers and leaders using individualized techniques in other activity areas. This reflects the rigidity promoted through many professional preparation programs. Knowledge of skill sequences and progressions is a basic requisite for any effective leader; ability to break them down on the spot to meet specific needs of participants is equally crucial.

Innovative, resourcefulness, and creativity are ingredients important to successful teaching or leading in any situation. Other vital factors in this process include developing programs and activities that *challenge participants to be involved in relevant activities in which each can be successful.* These considerations recognize the individuality of teachers and leaders as well as participants. The importance of positive interpersonal relationships between participants and leaders, students and teachers in this process is obvious. It is high time that empires and domains be forgotten. Let's forget self-fulfilling prophecies and develop programs that truly promote maximum independence for those we serve. The closer we can come to working ourselves out of jobs the closer we will have come to meeting our objectives. Let's cut out the foolishness and get on with the important business at hand.

> Nothing in the world can take the place of persistence.
> Talent will not; nothing is more common than unsuccessful men with talent.
> Genius will not; unregarded genius is almost a proverb.
> Education will not; the world is full of educated derelicts.
> Persistence and determination alone are omnipotent.
> The slogan, "Press on!" has resolved, and always will solve the problems of the human race.
>
> Calvin Coolidge

For ten or fifteen years physical education/adapted physical education, recreation/therapeutic recreation, and related activity personnel have become increasingly involved in activities for individuals with various handicapping conditions. Personnel at all levels in public school, community recreation and park department, college, residential facility, and voluntary agency programs continue to introduce and expand opportunities for special populations. To meet anticipated needs for more personnel in physical education and recreation in a variety of situations, many institutions of higher education have introduced new or expanded existing specialized preparation programs. Federal assistance has been available for about seven years to support graduate programs in these areas. Unfortunately, many graduates of these programs are disillusioned! Despite specific competencies, specialized training, and professional dedication, many cannot find positions! How has this apparent inconsistency occurred?

- Many individuals moving into special positions at local school or recreation level have special interest and/or limited experience in these areas; they obtain additional requisite competencies through workshops, clinics, and other inservice activities. Therefore, when a replacement is advertised for that system, it is for a generalist in physical education or recreation. The process is the same at many colleges where individuals who have taught adapted physical education or therapeutic recreation courses for years on a limited basis have had an increase in such responsibilities. This raises questions of closer delineation of competencies above and beyond those needed by any effective physical education/recreation person to work with special populations.
- As public school budgets increase and many communities reach financial saturation for various services, little consideration has been given to innovative staffing patterns that make greater individual attention to every child a reality. As differential staffing approaches are investigated, more consideration is needed for personnel with two year training—rather than four year or graduate. A true differential staffing pattern includes master teacher specialists, limited number of other teachers, large numbers of paraprofessionals, volunteers, and student tutors. This pattern does not advocate replacing competent teachers with paraprofessionals but rather implementing a well-developed and defined team concept.

Needs identified by consumers and college personnel have too often been incompatible; supply and demand of personnel have been uncoordinated. Situations must be evaluated in terms of specific needs for each locality and training/retraining programs introduced on these bases. For example—

- Consider approaches whereby all physical education teachers and recreation personnel preparing for generalist positions have a basic survey course in exceptional populations along with appropriate and adequate observation, practicum and field experiences with courses in which units dealing with special groups are incorporated.
- Provide inservice programs and staff development activities for generalists and specialists so that each becomes more competent in determining and meeting needs of all special populations in least restrictive environments.
- Consider college course experiences for persons in the field that can be taken on a concentrated basis—i.e., two or three weekends a month during regular academic year and summer sessions; application of outward bound, camping, and other outdoor experiences.
- Increase involvement of field personnel in all aspects of training projects and activities to improve relationships between community and training agencies and to increase relevance of training experiences.
- Explore ways to retrain many persons from related disciplines with special skills who could become competent in these areas. In implementing such a program, consider experience and training each of these individuals brings with him.
- Determine type of personnel, functions, and needs in physical education, recreation, and related activity areas in terms of meeting participants needs in regular and/or special programs.
- Redirect federal funds so that current priorities can be fulfilled in terms of type and level of training, inservice, staff development activities.
- Involve persons with various handicapping conditions in all aspects of planning and implementing formal/informal, credit/non credit training/retraining activities.

In a time when accountability, relevance, advocacy, and economic crisis are concerns, we can't afford the luxury of inefficiency and ineffectiveness. Time is too short so we have to start firing with a rifle rather than using the shotgun approach that has predominated for too long.

"Let me win
But if I cannot win
Let me be brave in
the attempt."
Special Olympic Oath

Editor's Note:

During much of the three-year period covered in this book, support for Challenge *was provided by The Joseph P. Kennedy Jr. Foundation. This assistance resulted from the personal efforts of Eunice Kennedy Shriver, executive vice president of the Foundation. The following letter was received from Mrs. Shriver at the time that support for* Challenge *was announced. The other letter reproduced here was received by Mrs. Shriver who shared it to help others see some of the values and contributions of the Special Olympics. We are pleased to include both of these letters in this volume. Thanks and appreciation are again extended to Mrs. Shriver for her continued assistance in and support of AAHPER activities in behalf of impaired, disabled and handicapped persons in general and mentally retarded people in particular.*

I am pleased that the Joseph P. Kennedy, Jr. Foundation is joining with AAHPER in supporting the expansion of its excellent journal, ***Challenge***. For almost a decade we have worked together to increase the opportunities for handicapped children and adults in physical education and recreation. This has been a most fruitful and rewarding partnership bringing together the resources and special insights of the Kennedy Foundation, AAHPER, and federal, state and private agencies working to enlarge the horizons of the handicapped.

Challenge is appropriately named. Our organizations have attempted to respond to one of the greatest challenges America faces: the creation of an environment in which all citizens, regardless of their mental or physical ability, are given the right to grow, to play, to contribute.

Thousands of teachers, recreators, parents, and administrators have found a new focus through the work of the Kennedy Foundation and AAHPER. For them, ***Challenge*** has been more than a newsletter. It has been a guide and an inspiration — a trail blazer through new and virtually unexplored territory.

Although we have come far, we have reached only a small fraction of the boys and girls, men and women who can benefit from our programs. And we have not reached thousands of professionals whose knowledge and inspiration are needed to do the job.

And so our challenge is clear. As Albert Camus wrote: "We cannot eliminate suffering from the world, but we can diminish, at least by a little, the number of those who suffer."

Through an enlarged and improved ***Challenge***, perhaps we can diminish the suffering and neglect of ***many*** by increasing the sensitivity and awareness of those who can bring them strength, confidence, and joy through play.

Eunice Kennedy Shriver

Dear Mrs. Shriver:

In our busy schedule we often do not take time to thank our benefactors for the great impact their generosity and thoughtfulness have on our society and especially on our handicapped children. I am speaking for handicapped children in Caribou, Maine who are in special education classes and who have participated in the Maine Special Olympics for the past three years and expect to do so in the future.

We have developed units of teaching using Special Olympics as the main theme. We integrated all subject areas, such as math (figuring mileage from Caribou to Portland and points of interest in-between), reading (experience charts relating everything the trip and training entails), social studies (studying the points of interests, culture, heritage, modes of transportation, ecology, terrain, etc.), health (good grooming, cleanliness, proper dress, good health habits), developing correct attitudes, how to get along with people, good manners, proper behavior, etc. In fact it is a total learning program encompassing all of life's situations.

We have had excellent cooperation from the Board of Education, our superintendent and assistant superintendent, in allowing us to take our students to the Special Olympics and financing such a large group. We have had between 35 and 42 attending. We make it a three day trip because of the dirtance involved and our budget is quite high for so many people.

We plan visitations to points of interest in the state as part of a total experience. We have a classroom follow-up and evaluation after the Special Olympics.

We have been fortunate enough to have one boy (Bryan Pelletier) attend the International Olympics in Chicago, and a girl (Joan Rand) attended the Olympics in Los Angeles. She won a bronze medal in the 300 yard run. As an 11 year-old, Joan had to be taught to run.

On their return, these two students were able to describe their experiences before an audience of parents, and Joan used her experiences as part of her English classes in high school. She has developed more assurance, a better self-image, and her personality has really improved.

As a result of publicity given to the Special Olympics in the local papers, as well as our local meet, the Caribou residents are becoming more aware of these children and it has had a great impact on hiring our handicapped children in our high school program.

This is but one community that you have helped. Measure this by the many, many more all over the country. You may not hear from too many, but we in Caribou, Maine want you to know that your efforts are greatly appreciated as evidenced by the "growth" in our children.

Sincerely yours,

Lorraine Cox
66 Washburn Street
Caribou, Maine 04736

Prayer of the Handicapped and Shut-In

Dear Lord, give us understanding of the particular role which we have been selected to play in life. Give us the strength to help those of our brothers who are without hope, which is a handicap greater than physical disability. Give us the vision to see the right and to follow it alone, if need be except for you. In the name of Him who understood the maimed, the halt, and the blind, we ask it.—AMEN

EDITORIAL

As America moves into its Bicentennial year, many people have questioned whether the observance has not indeed turned into a *buy-centennial*! A major corporation daily reminds us of "the way it was 200 years ago today." Memorabilia of every description abound. Collectors' items are enjoying a resurgence of popularity as nostalgia dominates the mood of the country. With all this emphasis on *the way it was* we must be careful not to let our thinking about programs for individuals with handicapping conditions dwell in the past.

This is 1976, the beginning of a new century in our country's history and we hope more than the beginning of a new surge of consumerism. Participants are no longer willing to *buy* old programs and old ways of thinking that always place them on the receiving end. Requirements designed to guarantee education for all persons with handicapping conditions are well and good, but what happens to these individuals after their formal schooling is completed? Recreation and physical education can certainly fulfill leisure time needs; but they are not the total solution for every person with an impairment or handicap. People need to feel useful; to make a contribution to life. More jobs and opportunities to give, create, produce, and feel must be created. Affirmative action may be one solution, but many more are necessary.

The intended meaning of *bicentennial* is a two hundredth anniversary. *Bi* in this sense refers to two, and according to Webster, can be applied to a relationship involving two symmetrical parts. Programs for individuals with handicapping conditions also need to be *bi* in this respect. Consumers and providers of services must have more balanced input into planning and procedures. Barriers between leaders and followers, planners and participants, therapists and patients as well as architectural obstacles need to be eliminated. The *us vs. them* perspective so often used in discussing services to impaired, disabled, and/or handicapped persons must be avoided. These steps will improve both quality and scope of physical education services to special populations.

Our government was designed to be "*of* the people, *by* the people, and *for* the people." Although government *of* and *by* some individuals has not always proved most beneficial to all the people, some progress has been made. The system has not been and will not be perfect because people are not perfect. What matters is that the governed are given a voice in matters that affect them. Can we say as much about programs for impaired, disabled, and handicapped persons?

Charitable organizations were established to help meet needs of persons with handicapping conditions by providing services and programs *for* these groups. Only relatively recently have steps been taken toward making these endeavors truly *of* and *by* participants as well as professionals.

Movement toward consumer advocacy can be compared to this country's struggle for independence. Consumers are claiming their rights as citizens much as colonists demanded to be treated as citizens of England. Although a revolutionary war should not be necessary, desires for independence are prevalent. Various Bills of Rights of special populations have provided a good foundation. The desire to be one's own advocate is expressed in these documents. When consumer leadership on policy-making and administrative levels becomes commonplace rather than tokenistic perhaps consumers will no longer be considered only as patients, clients, or receivers of services, but as equals. "Programs *for* the handicapped" may become "programs *of* and *by* people with impairments, disabilities, or handicaps," or perhaps simply "programs." This will be cause for celebration.

Kristina Gilbertson, Guest Editor

Editorial

Increase opportunities! Remove architectural barriers! Develop more facilities! Provide additional manpower! Introduce new programs! Expand existing activities! Get more people involved!

These frequently heard comments are aimed at encouraging more active involvement in physical education, recreation, and related programs for impaired, disabled, and handicapped persons. Generalizations abound. People are condemned and damned for not being concerned with such programs and activities. Yet, how many of these situations have been unwittingly caused by specialists who work in this field and in related disciplines?

Often communications for these groups emphasize differences and the very special nature of programs. They cite the need for extensive special facilities and expensive equipment; highly specialized personnel; and large professional staffs working with smaller groups and very small participant-leader ratios. Sheltered environments, unique activities, greater resources, and transportation and financial problems continue to be emphasized as requisites for these programs. Consequently, these special considerations deter many potential program sponsors from introducing activities for these groups and populations.

Many leaders recognize the need for recreation and activity programs for persons with various handicapping conditions. However, with limited staffs, facilities, funds, and resources, they feel compelled to meet needs of the majority. Most want to provide opportunities for these individuals and groups but must establish priorities in terms of available resources and groups to and for whom they are accountable.

These trends can be revised. Emphasize similarities and not differences among populations, programs, and activities. Use approaches that have been effective in other geographical areas and disciplines to meet participant needs, introduce programs, and provide desired opportunities. Use approaches that emphasize integration, normalization, and mainstreaming when an individual can safely, successfully, and with personal satisfaction, take part in a particular activity. Reserve segregated programs, specialized personnel, unique facilities, and sheltered opportunities for individuals who cannot participate in regular programs or activities at a particular time.

Many persons rationalize that they can't have a program for special populations because of lack of equipment and supplies! Yet, some of the best and most effective programs for these groups use inexpensive, free, and easily obtained items — automobile and bicycle tires, chairs, logs, boxes of all sizes, rope, empty bleach bottles and left over carpeting. Many devices can be built to meet interests and needs of participants. Reactions of participants are like the Christmas morning reaction when children have as much fun with the empty paper and boxes as they do with their new toys. Innovation, resourcefulness and creativity are the name of the game — *where there is a will there is certainly a way.*

Time has long since passed for approaches and strategies to be evaluated and changed. The numbers of impaired, disabled, and handicapped persons are continually increasing in every community. Their needs and welfare have to be met through efforts of personnel responsible for existing community and school programs. Specialists need to exercise leadership, show the way, and help in this process. Accentuate the positive, emphasize all the similarities, and show how with minimal adaptation, modification, and change community personnel have most of the necessary resources to include persons with handicapping conditions in their programs.

Time is growing short and need for concerted action is urgent — so, let's get with it!

THE CLIQUE

Word has been received by the officers of your association that it is run by a clique. Upon investigation, we find this statement true. Furthermore, we find the clique is composed of faithful members who are present at every meeting, who accept appointments to committees, who give willingly of their time, energies, efforts, and even their money, and who sincerely believe that the more one puts into his organization the more he — or his child — will get out of it. There is no question that the enthusiasm, responsibility, and efforts of these members are of inestimable value to your cause. And we would, therefore, suggest that you join this clique. It is not a difficult matter to do so — in fact, it is very easy. Begin by attending meetings regularly; take more lively interest in county activities; make helpful, constructive suggestions, and accept responsibilities to serve on committees. Show a continual interest in all affairs pertaining to your organization. Before you realize it, you will become a member of the clique and you would be surprised to know how anxious they are to have you. (Author unknown)

II. ACTIVITIES

Arts, Crafts and Games

Ideas from our Readers

Art and Recipes for Fun

These creative ideas introduce you to projects and pastimes which require no previous training or experience. Many use no special tools and the materials are common household items. Some projects can be completed in a short time and others will capture the child's attention for a long period.

Art Activities

Indian Headress. Equipment needed is heavy paper, scissors, stapler, feathers, glue. Cut a 2" strip of heavy paper long enough to go around the child's forehead for the headband. Glue feathers to the headband and secure to fit the child's head. Then cut a fairly large piece of paper into a V shape. Glue feathers onto it. Allow to dry for ten minutes. Indians also need a fire to dance around. Roll a piece of brown paper into a log and fasten it. Make small slits in the top. Cut flames from orange and yellow paper or color white paper like flames. Insert flames in slits and dance away.

Bunny Ears. Equipment: Heavy paper, cotton, pink tissue paper or netting, ribbon, glue, and stapler. Make a headband as before, then glue cotton all over the outside. Cut two ear shaped pieces of paper and glue cotton to the edges of both ears. Allow to dry. Twist paper and glue it to the middle areas of the ears. Secure ears to headband and fit to the child.

King and Queen Hats. Equipment: heavy paper, scissors, glue, stapler, glitter or "jewels." For both hats, cut the paper to fit the child's head, then cut a zigzag design on the top part of each hat. Glue the glitter onto the hats. Allow to dry for ten minutes. "Jewels" can be bought in arts and crafts stores.

Recipes for Fun

Modeling Dough
4 cups flour
1 cup salt
4 tablespoons oil or shortening
1-1½ cups water
food coloring added to the water
Mix ingredients until pliable or for approximately five minutes. Store in plastic bags. This will keep for approximately one month.

Baker's Clay
4 cups flour
1-2 cups salt
1½-2 cups water
Mix ingredients then add water gradually. Knead for five minutes. Cut or model into shapes. Bake on a cookie sheet at 350° for 45-60 minutes. They are done when light brown and slightly hard. They harden further when taken from oven. Can be decorated with paints or felt tip pen or colored with food coloring. Do not make ahead. Store in plastic bag, unrefrigerated.

Finger Paint
2 cups flour
5 cups water
Cook until smooth, and add ½ cup salt and cool. Add food coloring. Liquid starch and powdered paint or food coloring can be used. Soap flakes can be added for a new consistency. Pudding or canned frosting work well, too.

Finger Gelatin
5 packages unflavored gelatin dissolved in 2½ cups water
2 large or 3 small packages flavored gelatin dissolved in 2 cups hot water with 1 cup sugar.

Bring both to boil then mix together. Stir until dissolved. Add 1 cup cold water and cool. Chill for three hours or until set. Cut into shapes and serve.

More activities

Printing. Vegetables, fruits, molded clay, body parts, leaves, sponges, netting, wood, etc. can be used for printing. Tempera paint or ink (an ink pad works well) are good for making prints on paper for decorations or greetings cards.

Crunch Egg Shells. Crush washed egg shells (this is half the fun for the child) then color them with food coloring. The shells can be glued onto paper with white glue or mixed with finger paint for messing around.

Meat Tray Frames. Trays make a good frame for artwork or a picture can be drawn right on the meat tray for a ready-made frame.

Crayon Fun. Cover a warming tray with foil or waxed paper to protect it, then put a piece of paper on top. Color with crayons. The heat melts the crayons and looks great. Put crayon shavings between two pieces of waxed paper. Iron over it to make the crayons melt.

Painting. Use cotton swabs to paint tempera paint on small pieces of paper.
Give your child a bucket of water and a huge paint brush to "paint" the outside of the house or the driveway.
Paint big boxes with tempera paint using big brushes.
Collect rocks and driftwood on a beach expedition. Paint with tempera paints at home.

Mosaic. Glue macaroni, peas, corn, or birdseed on a piece of wood to make a nice design.

Ocean Scene. Finger paint ocean, cut fish out of wallpaper samples or whatever is around. Add seashells.

Sit-and-Kick Ball

Dianne Hurley
BEH Project
Texas Woman's University
Denton, Texas 76204

Adapting active team games to meet the physical needs of a moderate to moderately severe spastic cerebral palsied individual is taxing. Leading an activity appropriate to physical capabilities, age, and/or interest level of a group challenges any physical education teacher. A game called Sit-and-Kick Ball was developed to meet the needs of a class of physically handicapped children enrolled in the Columbia, Missouri Public Schools.

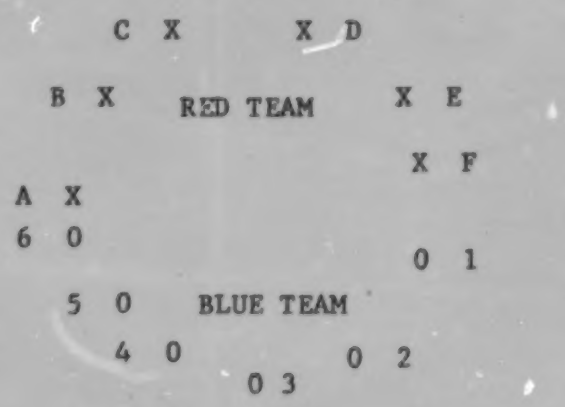
Sit-and-Kick Ball offers students the opportunity to use their abilities without danger of injury or strain. Students become emotionally involved in an activity in which they can compete and enjoy with some degree of success. Each student attempts to be socially accepted as a team member. Each person discovers how it feels to be cheered by a team, to share, to be touched by an understanding hand, or to hear comforting words of another teammate after a mistake.

Sit-and-Kick Ball has been observed as an enjoyable and competitive game for moderate and moderately severe spastic, quadriplegic, cerebral palsied students and individuals with muscular dystrophy ranging in age from 10 to 30 years. The game can be adapted for use by spinal bifida students and others with little or not control over their lower limbs. For these students, use a table which is approximately waist high and allow the ball to be hit and blocked by arms and hands rather than legs and feet.

The rules for Sit-and-Kick Ball are easy to learn. The only equipment needed is a playground ball, 13 inches in diameter, and chairs for ambulatory team members.

General instructions

1. Divide the group into two teams, taking care to equalize them according to ability levels of the students. If there are more than 14 in the group, it is best to divide into two sub-groups with four teams and two different games.
2. Arrange chairs as shown. There should be at least 18 inches between chairs. For those who can block well, the amount of space between chairs should be greater.



Rules

1. A point is scored when the ball is kicked between the chairs of two members of the opposing team. For example, Player 3 of the Blue Team (0) scores a point when he/she kicks the ball between the chairs of players B and C of the Red Team (X).
2. A point is scored by the kicking team if the ball is kicked between chairs occupied by a member of each team. For example, Player 3 on the Blue Team kicks the ball between Player 6 of the Blue Team and Player A of the Red Team. The point is scored for the Blue Team and the responsibility of blocking the ball belongs to Player A.
3. The team scoring the most points is the winner.

Generally, avoid placing more physically involved students in the end chairs for their team.

You and your students are now ready to play. Pull up the chairs and begin kicking.

Camping and Canoeing

Reaching Out + Reasonable Risk = Growth Adventure

Lee Anna and Rolf H. Mielzarek
Owners and Directors
Camp Shenandoah
Winchester, Virginia

"There they go!" With that shout, the group of young people interrupted setting up camp to rush to the river bank. They watched with amusement and a measure of satisfaction as a canoe with two young men in it came sideways down the rapids. Their amusement was provoked by the canoeists' fruitless efforts to keep from tipping into the swirling waters and floating down into a quiet pool at the end of the run! Their satisfaction rose from their pride that an hour before all 13 of them in their five canoes had come down the same rapids without a single spill or loss of control.

With a friendly wave to the two men who were retrieving their canoe at the foot of the rapids, the group returned to putting up tents, building a fire, and preparing dinner with an efficiency rooted in experience and confidence. After all, this was the third night that the eight mentally retarded young people and five counselors from Camp Shenandoah in Winchester, Virginia had spent along the banks of the Shenandoah River.

The canoe camp program was our newest effort to add to *reaching out-reasonable risk experiences* for mentally retarded campers. It was born out of a growing awareness that many severely to mildly retarded campers in the camp program could go beyond the scope of our existing canoeing program which consisted of spending an hour or so at a time on the tranquil waters of a three-acre lake.

We had already seen many of them develop from camping out for a single night in a pre-set tent campsite to dealing effectively with three and four day primitive camping outings. We were sure that they could master camping, canoeing, water safety, and survival skills to make a canoe trip an exciting adventure.

Of paramount importance were careful planning and a capable staff. In planning, years of organizing extended camping trips were very useful in dealing with logistics of camping such as equipment and meals. Two of us went over the entire run several weeks before to identify and plan for both hazards and overnight campsites. We decided to have a station wagon carrying all equipment and supplies accompany the group on a parallel course and meet it at the end of each day's run. This freed the canoe party of the burden of packing and transporting their gear and gave them easy contact with base camp or the community for any needs that might arise.

Selection of staff proved to be an even easier task. On our camp staff were a number of young people who had been with us for one or more seasons and who had skills to teach and lead our campers on this kind of adventure. We assigned an assistant director to provide administrative leadership and gave our Waterfront Director direct responsibility for the entire program. Another experienced counselor was designated as guide, since he had participated in the planning run several weeks previously for the purpose. We could not have had a more capable and enthusiastic team.

Campers would gain most and enjoy their experience more with a sound training program. From the time of their arrival at Camp Shenandoah on Sunday afternoon until their departure on Tuesday morning for their embarcation point on the Shenandoah River, these teenagers spent almost every waking moment in some aspect of training—and they loved it.

They familiarized themselves with their camping equipment and setting up and striking their tents. They had sessions on handling paddles and canoes. They learned how to change direction of their canoe quickly and how to backwater on a course set up on our lake.

But the most exciting training activities were those focusing on canoe safety and survival. We began by having them fall into the swimming pool wearing their life jackets—a novel experience of familiarization for each of them. Then it was onward to swimming in life jackets, controlling canoe tipping, falling out of a canoe, and emptying a swamped canoe. These were all unique events, rich in developmental opportunities. At the end of the training period, each of our canoe campers had a solid body of skills and sense of personal competence they had not previously known.

Tuesday morning the group went to Luray, Virginia, the starting point of their trip. At the push-off it was clear to both staff and campers that there was some crumbling of that supreme confidence of the previous day. The movement and turbulence of the river presented a far different challenge than the placid lake back at camp. With a succession of deep breaths, we launched the five canoes. Paddles dipped, canoes responded, and confidence began to return. By the first bend, smiles and laughter were back.

Then followed four days of beautiful shoreline and exciting rapids. The greatest challenge was 150 yards of class three rapids encountered two days later which they all successfully passed when many others "wiped out." On the afternoon of the fourth day, they arrived at their pickup point, full of anecdotes and adventures, and even more, *full of success and achievement. They had not only learned, they had accomplished.*

The overall assessment of this adventure reaches a wide range of individual and programmatic aspects. Most directly, the impact of these few days on campers and counselors was profound. Campers not only acquired new skills in canoeing and camping, but also greatly increased their self-confidence and self-image. Their social and verbal skills also profited from the closeness and interdependence of the group.

The most striking effect on counselors was their new perception and enthusiasm for developing the full abilities and potential of their campers and other mentally retarded persons with whom they would work. They had seen what could be done. They had been part of it.

This had an infectious fallout on the rest of the staff and program. Other counselors throughout the remainder of the summer sought and planned more challenging activities for their campers than ever before. Of course, the canoeing program at camp underwent a major change including many components of canoe camp training. Camping, hiking, riding, trampoline, and other areas also felt the effects. In this way, sights and experiences of every other camper were raised.

For us, canoe camp provided a resounding confirmation of our commitment to developmental goals and programs for every mentally retarded person regardless of age or functioning level. We were again assured that it is only as we continue to help others grow, that we will continue our own growth.

The most striking effect on counselors was their new perception and enthusiasm for developing the full abilities of their campers and other mentally retarded persons with whom they would work.

Freezurtoz

A winter camping experience

RUSS SCHARMAN
AND RON
WOOLSTENHULME

Last year for the first time, the Idaho State School and Hospital Recreation Department in Nampa operated a winter camp for its residents. In past years summer and day camps have been run. But winter is a time for indoor activities — right? *Wrong!*

An hour's drive from Nampa the mountains, with their winter splendor, were waiting to be used. With this in mind, the recreation staff started planning for a winter camping experience. The camp would be called *Camp Freezurtoz*. Planning began in November and aimed at a six week period in January and February.

A suitable location was found when the staff was allowed the use of a cabin for the entire six weeks of the program. The cabin was equipped with electricity for lights and cooking and a wood-burning heater. An outhouse was available but water had to be carried to the cabin.

Because of the cabin's physical layout, the staff decided it would be best for groups to be all male or all female. Since this would be the first time for winter camp, a short experience was planned. Each group of eight would attend camp for one night and two days.

The next task was to meet the personal needs of the residents. This meant finding warm, waterproof clothes. Navy winter overalls, warm socks, rubberized boots, and mittens were purchased. Sweaters, long underwear, hats, and jackets were all available from the used clothing room at the school. We would not be the most fashionable group ever to hit the slopes but we would be warm and dry!

Other preparations included planning menus and acquiring toboggans, sleds, skis, snowshoes, and a snowmobile. On the whole, merchants were willing to help us with our needs if they could.

The easy part was finding participants. The staff simply considered summer camp evaluations. Residents who had done well during the summer were considered for the winter experience. For the most part these would be classified as moderately and severely retarded persons. Many had jobs at the school, such as working in the laundry or in a ward. Some were not able to hold a job, but did go to camp and did well.

The staff determined that one of the most important aspects of the camp would be in having residents help as much as possible. Menus were specifically planned so that residents would be able to do a major part of the cooking. They would help wash dishes, carry wood for the heater, clean the cabin, roll their sleeping bags, and do other chores as they arose. As it turned out, these tasks were most enjoyable for many residents. In addition to helping with chores, table manners and helping themselves were stressed.

Finally the first day of Camp Freezurtos arrived. At 9:00 a.m. sharp, the eight boys arrived at the recreation center. After donning long underwear, wool socks, winter pants, mittens, and hats, they were on their way.

Guided by two staff members, they arrived at camp an hour and a half later. After moving in and a quick look around, they were ready for a good, hot lunch.

After lunch the real fun began. Armed with inner tubes, everyone headed for the tubing run which was equipped with turns and bumps and enough of a drop to give even the staff a thrill. The residents loved it! Tubing interspersed with snowmobile rides filled the majority of the afternoon. For many it was the first time they had ever actually played in the snow. They soon realized that snow was not just cold and wet — it was fun! An afternoon hot chocolate break was taken and then we returned to the slopes until dinner.

As planned, the residents helped as much as possible with dinner. They cooked, set the table, served, and cleaned under the supervision of a staff member.

The evening was filled with indoor games and arts and crafts. Sometimes we just sat and talked. There was always a pot of coffee and cocoa and cookies. In some ways, just talking with the residents proved more valuable than activities. For those who wished, an adventure was found in tubing after dark which proved to be much more exciting than during the day.

The following morning after breakfast, the group hiked to a favorite lookout. The rest of the day consisted of tubing, snowman building, snowball fights, and snowmobile rides.

During the last few weeks an outdoor hot dog cookout was incorporated which immediately became a highpoint of the camp. Eighty residents of the school attended camp during the six weeks of operation. During the entire Camp Freezurtos the positive was always stressed to residents — they could cook or they could make it to the top of the hill if they tried. And sure enough, most of them did.

As soon as Camp Freezurtos ended both residents and staff started looking to the future. This winter, a longer stay allowing more variety will make it bigger and better than ever.

Russ Scharman is winter camp director and Ron Woolstenhulme is recreation director at Idaho State School and Hospital, Nampa, Idaho.

Experience/Skill Checklist

Outdoor Education/Recreation

This checklist has been provided by Steve Brannan, Special Education Department, Portland State University, Portland, Oregon. As director of Mt. Hood Kiwanis Camp Program, Dr. Brannan has been responsible for development and use of this scale to assess progress and growth of campers. Both content and approach can be applied and/or adapted for other types of physical education, recreation, and related programs.

Name of Camper

Date of Session

EVALUATION SYSTEM

1. Performs independently *without* instructions
2. Performs independently *following* instructions
3. Performs *only* with verbal and/or physical assistance
4. Unable to perform with verbal and/or physical assistance
5. Not observed at camp

PERSONAL/SOCIAL

1 2 3 4 5 Talks courteously
1 2 3 4 5 Communicates needs (verbally and/or manually)
1 2 3 4 5 Acquires friends
1 2 3 4 5 Initiates conversation
1 2 3 4 5 On time
1 2 3 4 5 Neat in appearance
1 2 3 4 5 Practices camp rules (use of facilities)
1 2 3 4 5 Practices game rules (sportsmanship)
1 2 3 4 5 Clean in personal habits
1 2 3 4 5 Helps others
1 2 3 4 5 Waits own turn
1 2 3 4 5 Participates in suggested activities
1 2 3 4 5 Follows instructions during activities
1 2 3 4 5 Controls emotions
1 2 3 4 5 Practices acceptable eating habits
1 2 3 4 5 Tries new experiences
1 2 3 4 5 Engages others in conversation
1 2 3 4 5 Participates with the group

ARTS AND CRAFTS

General

1 2 3 4 5 Cuts with scissors
1 2 3 4 5 Tears and folds paper
1 2 3 4 5 Selects paints
1 2 3 4 5 Paints with a brush
1 2 3 4 5 Uses materials/tools correctly
1 2 3 4 5 Completes projects
1 2 3 4 5 Practices safety precautions
1 2 3 4 5 Helps with clean up

Projects

1 2 3 4 5 Makes a sand candle
1 2 3 4 5 Tye-dye fabric
1 2 3 4 5 Designs a postcard
1 2 3 4 5 Writes a postcard
1 2 3 4 5 Prints with natural materials
1 2 3 4 5 Makes a God's eye
1 2 3 4 5 Makes a pine cone project
1 2 3 4 5 Makes a nature collage
1 2 3 4 5 Makes a spatter leaf design

MUSIC/DRAMA

1 2 3 4 5 Sings with a group
1 2 3 4 5 Sings alone while others present
1 2 3 4 5 Sings familiar songs
1 2 3 4 5 Learns and sings new songs
1 2 3 4 5 Sings on pitch
1 2 3 4 5 Constructs a musical instrument
1 2 3 4 5 Plays a rhythm instrument
1 2 3 4 5 Sings at group campfires
1 2 3 4 5 Participates in Group skits
1 2 3 4 5 Employs rhythm
1 2 3 4 5 Employs hand movements to songs
1 2 3 4 5 Performs skit according to plan
1 2 3 4 5 Provides personal interpretation during the skit
1 2 3 4 5 Creates/contributes skit material

NATURE

1 2 3 4 5 Finds crunchies (gravel, twigs, leaves, etc.)
1 2 3 4 5 Feels different textures (rocks, bark, leaves, soil, moss)
1 2 3 4 5 Describes differences in rocks (weight, texture, rock decomposition to soil)
1 2 3 4 5 Observes levels of forest (canopy, understory, shrub layer)
1 2 3 4 5 Observes life rings of a tree
1 2 3 4 5 Describes differences in plant life
1 2 3 4 5 Feels different terrain (slope, uphill, downhill)
1 2 3 4 5 Forms an environmental interpretation of a place or thing
1 2 3 4 5 Identifies harmful plants
1 2 3 4 5 Discovers things that sink (rock sand, etc.)
1 2 3 4 5 Drinks from a mountain stream
1 2 3 4 5 Observes the current of a stream
1 2 3 4 5 Discovers a waterbug
1 2 3 4 5 Feels the morning dew
1 2 3 4 5 Listens to the sounds of the forest (animals, wind, water flowing)
1 2 3 4 5 Observes cloud formations
1 2 3 4 5 Smells fragrance of forest (flowers, fir trees, etc.)
1 2 3 4 5 Matches animals and their footprints
1 2 3 4 5 Describes animal signs (tracks, nests, burrows, droppings, etc.)

RECREATION/WATER

1 2 3 4 5 Baits a fish hook
1 2 3 4 5 Operates a fishing pole (casting, reel, etc.)
1 2 3 4 5 Catches/lands a fish
1 2 3 4 5 Cleans a fish
1 2 3 4 5 Prepares a fish for eating
1 2 3 4 5 Plays individual games/sports
1 2 3 4 5 Rides a bicycle
1 2 3 4 5 Operates an instamatic camera
1 2 3 4 5 Rides on chairlift at Timberline
1 2 3 4 5 Uses pool equipment as directed
1 2 3 4 5 Enters pool safely
1 2 3 4 5 Clears pool on whistle blast
1 2 3 4 5 Puts face in water
1 2 3 4 5 Holds breath underwater
1 2 3 4 5 Walks unaided across width of pool waist deep
1 2 3 4 5 Tuck floats for 15 seconds
1 2 3 4 5 Prone glide with kick for 30 feet
1 2 3 4 5 Crawl stroke for 30 feet
1 2 3 4 5 Changes directions while swimming
1 2 3 4 5 Jumps in water waist deep
1 2 3 4 5 Relaxes/suntans near pool
1 2 3 4 5 Swims/plays in Timberline pool

CAMPING/SELF HELP

1 2 3 4 5 Lights a match
1 2 3 4 5 Builds a fire
1 2 3 4 5 Operates a camp lamp (Coleman, etc.)
1 2 3 4 5 Operates a camp stove (Coleman, Hobo stove, etc.)
1 2 3 4 5 Operates a flashlight
1 2 3 4 5 Prepares own meal out-of-doors
1 2 3 4 5 Eats own meal out-of-doors
1 2 3 4 5 Rolls/unrolls sleeping bag
1 2 3 4 5 Manages own gear
1 2 3 4 5 Packs a pack
1 2 3 4 5 Carries a pack
1 2 3 4 5 Hikes to a close destination
1 2 3 4 5 Hikes to a far destination
1 2 3 4 5 Demonstrates endurance on a hike
1 2 3 4 5 Helps set-up camp on overnight hike
1 2 3 4 5 Lays out ground cloth
1 2 3 4 5 Cooks a marshmallow
1 2 3 4 5 Prepares own campfire treat (s/more's)
1 2 3 4 5 Makes hot chocolate

Name of Director

Counselor (s)

Orff-Schulwerk

An Adaptation for Drama for Retarded Participants

DAVID MORGAN

Orff-Schulwerk is a creative process which involves every child through participation in the process. The process is more than a musical method, it concerns itself with the complexities of the body, of the spirit, and deepest feelings common to man. It is concerned with calling out all possible forms of fruitful communications.[1]

The Orff-Schulwerk process offers endless possibilities for adaptation to specialty areas. In its original form the Orff-Schulwerk method was designed as an elemental approach to music and rhythm for the schoolroom. Since its original introduction into the German school system, its simple open-ended structure has been understood by many who, having tried and experienced the process, know and believe its creative potential for learning and living. The Orff experience has changed the entire perspective of life for some, and has challenged creative and human limitations of almost everyone who has been exposed to it.

Unfortunately, the educational system in this country does little to detect, let alone foster, development of creativity! It is well known that creative arts have traditionally been considered educational extras and programs in this area are usually among the first to get the budgeting axe. Not everyone shares educational assumptions basic to Orff-Schulwerk. Assumptions on which I believe Orff-Schulwerk to be based include the following concepts:

- Education should start by utilizing and stimulating a child's "total predisposition to express himself so that any other specialization can be built upon this broad and solid basis."[2]
- ***Right*** and ***wrong*** are relative concepts and reinforcement of a child's belief in himself and his expression cannot be given in these terms.
- Based on personal experience, an individual makes value judgments as to what is ***right*** and ***wrong*** for him, and sets his own behavioral and creative limitations. An individual is capable of responsible expansion of these limitations and can free himself from his own cramped nature.
- Every individual is capable of personal and creative growth.

Unless one can accept these assumptions, he cannot effectively lead others in the Orff-Schulwerk process. Accepting these assumptions, an individual can adapt Orff-Schulwerk to his own work situation and specialty.

Orff-Schulwerk has been individually adapted to many specialties. Since its introduction as an approach to elemental music by Carl Orff, it has been used by music therapists, dance therapists, speech therapists, and even by swimming instructors. It has been used in therapeutic, clinical, and recreational settings as well as in traditional educational institutions.

Because it is a basic elemental process, it can be adapted to nearly every setting. Its basic assumptions and method have even been used by some who have never heard of Orff-Schulwerk. Many assumptions of Orff-Schulwerk are implicit in creative dramatics and improvisational theater. Although specifically designed for children between the ages of five and twelve, creative dramatics has proven very effective with mentally retarded teens and adults.

Creative dramatics may be defined as a group experience in which each individual is guided to express himself for the joy of creating improvised drama as he works and plays with others. ***Creative dramatics emphasizes participation rather than product.*** The chief aim is experience — experience that fosters child growth and development, reveals needs, encourages growth of individual spirit in the presence of a group, and provides for self-realization and cooperation in an atmosphere of spirited group play. In addition, it has the potential to increase imagination, help increase ver-

balization, develop better listening skills, improve recall, help develop a sequential understanding of events, and give a healthy release of emotions.

Improvisation might be called creative dramatics for adults. Like creative dramatics, improvisation uses improvised dialogue and movement in creating scenes. Many of its theater games and exercises can be effectively adapted to the Orff format. Like Orff-Schulwerk, creative dramatics and improvisation emphasize learning through experience and are based on the assumptions that everyone can act, everyone can improvise, and everyone has creative potential.

Viola Spohlin, whose book ***Improvisation For The Theater*** has much to offer for anyone working in drama, states in her beginning chapter,

> We learn through experience and experiencing, and no one teaches anyone anything. This is as true for the infant moving from kicking to crawling to walking, as it is for the scientist with his equations. If the environment permits it, anyone can learn whatever he choses to learn, and if the individual permits it, the environment will teach him everything it has to teach. ***Talent*** or ***lack of talent*** have little to do with it.[3]

Drama, like music, can be a medium for experiencing fundamental and universal truths in living — both can be comfortably adapted to the Orff-Schulwerk process. Orff-Schulwerk starts with a germ idea and takes it through four processes:

- Improvisation
- Selectivity
- Fulfillment
- Closure

The germ idea can be as simple as a word or as complex as a story. In either case, the above procedural outline can be followed.

An often used example of a one word germ idea for Orff-Schulwerk is ***fire***. Carol Bitcon gives an example of its development in an article entitled, "I Am!" presented at the 4th National Symposium on Creative Communication, Orff-Schulwerk in 1969. Given more of a dramatic emphasis, the same germ idea went through the following development at the Recreation Center for the Handicapped in San Francisco.

The Day Trippers, a group of approximately 25 moderately retarded adults had been studying insects as their theme for the month. The day before the program, there had been a big fire in San Francisco. At the beginning of the hour this event was mentioned and participants were asked if any had seen or heard about it. Several claimed they had, so a discussion was launched on how fires start. A pantomime fire was built in the middle of the circle, emphasizing the care that had to be taken not to get too close. This evolved into a chant:

> If you get too close
> You can burn your pants;
> If you burn your pants
> It'll make you dance.

To the varying beat of a drum, each participant had a chance to do a fire dance around the imaginary fire. After every participant had a turn, it was suggested as a closure that the fire be put out. The group, as was suggested in Bitcon's experience, tightly encircled the imaginary red crepe paper flames, and blew them out. During the process of the fire dance, several participants got burned. In addition to warnings and cries of sympathy that occurred when this happened, the leader produced a white smock and a stethoscope and asked if a doctor was in the house. Using the props, one of the participants checked the severity of the burns before the chant continued.

After completing the fire dance, the theme of fire was continued and the leader asked if anyone had ever heard of an insect whose house had caught fire. It took little effort to elicit this story and rhyme:

> Lady bug, lady bug
> Fly away home,
> Your house is on fire
> And your children are alone.

In the remainder of the session, a story was developed, based on answers given by participants to the leader's questions: How did the fire start? Why was Lady Bug out of the house? How was the fire put out? With some selectivity by the leader, the fire turned out to have been started by a firefly arsonist who threw a fire bomb into the house after making a call to Mr. and Mrs. Ladybug on a prop telephone, claiming he was a neighbor inviting them over. After the fire was started, all nonacting participants chanted the Lady Bug rhyme which sent the parents hurrying home where they saved their children and called the fire department. The firemen called the police and captured the fire bug and hauled him off to jail. Positive reinforcement was given to all for sincere portrayals and the session concluded with a good feeling of accomplishment. They went through the ***process of improvisation*** in dealing with the familiar concept of fire. With the help of the leader they were co-authors to the ***selectivity*** of the most appropriate suggestions to build a story. By acting it out, they went through the ***fulfillment*** and natural ***closure*** of a finished creative product.

Depending on the ability of a group, the above described program would be simplified for more severely retarded, or expanded by eliciting suggestions from participants as to how the story could be improved. Through positive criticism, the story could be further embellished and actually performed for an audience.

Orff-Schulwerk adapted for drama does not always need to evolve into playing out a story.

Another familiar Orff chant is:

> Extra! Extra!
> Read all about it!
> What is your news?
> What is your news?

This would be followed by:

> Newspaper! Newspaper!
> On the bench,
> Bet you can get it,
> It's a cinch!

To use this chant a scene must be set. It is a beautiful day in the park. You have just bought a newspaper, and have sat down to read it. Another person enters (from the circle) and assumes a character who has reason for wanting the paper. Using this basic dramatic objective, the new person attempts to get the newspaper.

After setting this scene and explaining the game, the leader or another model sits on what has been set up as a bench in the middle of the circle and starts to read a real newspaper.

The chant is said by the group and any participant who wishes to start can do so. The leader offers some resistance to giving up the newspaper until the argument is sufficiently convincing. He then gives the new person the paper and leaves. The chant is repeated and the game continues as a relay around the circle. As a closure, the newspaper can be creatively destroyed.

An improvisation game which can be effectively adapted to the Orff-Schulwerk method is called the ***Concerto***. Although there are many variations of this theater game, it has been most effective with handicapped participants when combined with a pantomime game. The leader prepares a grab bag before the session which might have pictures of various means of transportation. A chant like the following can be used:

There are other ways to travel
Than going for a walk.
Show us what you find
But — don't talk!

Everyone in the group takes a turn reaching into the bag and tries to act out the mode of transportation he picks. Each is allowed to make one sound. After everyone has had a turn the entire group assembles in choir formation with the leader as the conductor. When pointed to, each participant, as if he were a musician in an orchestra, delivers his sound. The conductor cuts each off or allows him to continue according to his own sense of sound and rhythm. Juxtaposing varying sounds and by combining several or all of his instruments the conductor speeds up or slows down the sound piece at his whim, builds to a fitting climax, ends the piece, and takes a bow. An interesting variation of this concerto is an emotional concerto. In this game emotional sounds are used as instruments and the same procedure followed. The game also can allow participants to take turns as conductor.

Whether music or drama is the media to which Orff-Schulwerk is adapted, emphasis is on creativity. Creativity occurs when inquiry is encouraged. Creativity is the ability to form new relationships, meanings, and products by reassembling experiences and knowledge. The Orff-Schulwerk process of expanding a germ idea through phases of development, exploration, and closure can be viewed as a microcosmic example of the expansion of our entire being. When we are not expanding we are either stagnant or contracting. Too often education, especially for mentally retarded children, stresses setting limitations rather than creative expansion. Orff-Schulwerk method, in any of its adapted forms, deserves more attention from educators in this country. Through its creative process joy, which should be a part of all learning, can be attainable for all.

[1]Orff-Schulwerk Design for Creativity — A Report to U.S. Office of Education of ESEA, Title III Project. Bellflower Unified School District, Bellflower, California.
[2]Ibid.
[3]Northern University Press, 1963, p. 3.

DAVID MORGAN is a drama-music specialist with the Galileo Adult Program, San Francisco Community College District, Recreation Center for the Handicapped, San Francisco, California.

Horseback Riding

Riding Programs and mental retardation

Eleanora C. Gordon
Bannie M. Stewart
Ken Crest Centers
Mont Clare, Pennsylvania 19453

Riding programs for developmentally disabled persons have increased rapidly in the United States during the past five years. Most of these programs are structured to meet needs of physically impaired individuals who may or may not be retarded as well. The success of these programs and their rapid growth indicate that many developmentally disabled individuals can benefit from them. However, relatively few programs are designed for persons who are primarily mentally retarded and who have only minor physical impairments. The authors have had three years' experience working with such a program and feel that sharing their impressions may be useful to others.

A riding program for mentally retarded persons has general goals which are clearly defined but not easily measured. Any program which is adopted with enthusiasm and provides a new experience is going to be beneficial. Many mentally retarded individuals are involved in other therapeutic programs, such as occupational therapy, music therapy, and vocational training. It is difficult to separate benefits of riding from those derived from other programs. The impression that our riders were helped from horseback riding was based on empirical observations suggesting improved motor skills, decrease in exaggerated muscle tone, and improvement in emotional stability.

Twenty-five riders were chosen from among 65 institutionalized children and adolescents at a private licensed facility. Most riders were moderately to severely retarded and nonverbal. Several had serious emotional problems; a few had mild cerebral palsy. Purposes in establishing the program were to (1) improve coordination, balance, and muscle tone, (2) provide an appropriate and interesting outdoor activity, and (3) promote a feeling of accomplishment that is so important to the emotional growth of mentally retarded individuals.

This program was developed especially for moderately to severely retarded individuals. Prescriptions have included basic exercises used for any good riding instruction with modifications to suit each individual's limits, personality, and specific problems. A program geared to mildly or moderately retarded people should have the basic instructional program followed by a wide variety of horseback activities designed to sustain interest and provide fun. There is no reason why mildly retarded people cannot enjoy trail riding, gymkhanas, and learn to care for their animals after basic instruction has been completed.

Any program for mentally retarded individuals at any level has features in common:

- Riding instructors must be experienced both in riding instruction and instruction of mentally retarded individuals.
- Instructors must realize that a rider's progress may be painfully slow and that a warm relationship must be created with both rider and horse.
- Programs should have competent medical advice regarding physical, mental, and emotional capabilities of each rider.
- A physiotherapist may be needed only in a consulting capacity since physical disabilities may be less manifest in programs geared for mentally retarded persons.
- Horses must be well-mannered and docile, but they should be fun to ride. Since a mentally retarded rider may not have sound independent judgment, allowances must be made for this in choice of mounts and activities.

Recently there has been much discussion about riding therapy versus recreational riding. We consider this an arbitrary distinction and valid only for funding purposes. All horseback riding is therapeutic; all horseback riding is recreational. Any riding program for developmentally disabled persons if properly organized, supervised, and carried out provides physical improvement and emotional satisfaction. That is the ultimate goal.

(Based on an article from NARHA News, Vol. 3, No. 2, June 1975. Photos were provided by the Recreation Center for the Handicapped, San Francisco, California.)

ADDITIONAL RESOURCES

Joseph J. Bauer. *Riding for Rehabilitation: A Guide for Handicapped Riders and Their Instructors.* (Toronto, Ontario, Canada: Canadian Stage and Art Publications Limited (49 Wellington Street East), 1972.

Lida L. McCowan. *It Is Ability That Counts: A Training Manual on Therapeutic Riding for the Handicapped.* Olivet, Michigan: The Olivet Press, Olivet College, 1972.

North American Riding for the Handicapped Association

Although there were some successful horseback riding programs for impaired, disabled, and/or handicapped people in the United States prior to 1969, only recently has a national movement been initiated to coordinate efforts in this field. In 1969 the North American Riding for the Handicapped Association (NARHA) was formed as a nonprofit, tax-exempt organization to act as an advisory and controlling body for these programs. Today, some 30 programs are registered with NARHA and others of all sizes are forming and awaiting registration.

NARHA aims to:

1. Advise and assist those involved in:
   - Relief of handicapped persons through the provision of horseback riding, subject to the consent of their medical advisors;
   - Promotion of their well-being, both mental and physical, by training, recreation, and rehabilitation through horseback riding;
   - Investigation of effects of riding for these purposes.
2. Provide proper training and examination for instructors and award graduation certificates.
3. Set standards for centers, including periodic examination by an appointee of the Board of Directors and certification as an approved establishment.

A periodic newsletter, NARHA News, is published by the organization; for further information contact the editors: Mrs. Octavia Brown, Cokesbury Road, R.D. Annandale, NJ 0880[illegible] or Mrs. Margaret Dunlap, 12705 Eighth Street S.W., Seattle, WA 98146.

Cheff Center for the Handicapped

Cheff Center for the Handicapped is the first approved riding therapy center in the United States to be recognized by the North American Riding for the Handicapped Association (NARHA). It is also the first approved training center in this country for instructors who wish to teach horseback riding to impaired, disabled, and/or handicapped persons. The center began accepting students in January 1970, and is operated at no cost to children with various handicapping conditions. Students must be recommended by a physician and have their physical condition assessed by a physical therapist before being accepted in the program.

Situated on 300 acres of land between Kalamazoo and Battle Creek (Michigan) the center includes a 420 foot building with a blacksmith shop and enclosed viewing and classroom areas. To guard against injury, the riding arena is cushioned with eight inches of sand; students must wear specially designed riding helmets. After a few months of instruction, most students gain sufficient balance and confidence to ride alone. When a student's doctor releases him/her from therapeutic riding lessons, time is made available for pleasure riding at the center at no charge. Future plans call for a complete training and recreation center to include swimming, bowling, field events, archery, riflery, fishing, and camping with dormitories to accommodate those children coming from a distance. The lifestyle at Cheff Center is best described by their motto, *It Is Ability, Not Disability, That Counts.*

MARTIAL ARTS FOR THE HANDICAPPED

Barbara Kay Ross
Recreation Staff
Denton State School, Denton, Texas

High block. Skill learned by beginner and practiced throughout karate life.

Interest in martial arts now sweeping the country encompasses all races, sexes, and ages, including people with various handicapping conditions. However, this activity appears to have been overlooked by many persons concerned with mentally retarded or learning disabled children. Many activities in which mentally retarded children participate are primarily quiet, individual, or dual activities. Occasionally these children learn to box, wrestle, or take part in other vigorous combat activities.

Martial arts are defined as any beautiful or creative activity connected with fighting in which there is discipline. Although specific martial arts activities differ in technique, structure of classes in each is generally formal and patterned after their oriental origin. Formal interaction between senseis (teachers) and ippons (students) lends itself to programs for children with various learning difficulties and can be an important vehicle in their progress.

Tae Kwon Do appears to be the most representative martial arts style for mentally retarded and learning disabled children because of the accessibility of reliable instruction through American Karate Clubs. These clubs and the senseis are registered with Black Belt Association. The direct relationship of the activity to general needs of children with learning difficulties and mental retardation make martial arts worth the time and effort to explore.

Tae Kwon Do or *Tae Kyon* has evolved into an effective method of weaponless self-defense, an intricate art, an excellent sport, a method of learning about the body, and a way of maintaining high levels of physical fitness. Martial arts, under the direction of a reliable ***sensei***, concentrate on mind, body, and spirit and can be continued through old age; they are rhythmic, spatial, and directional. Practitioners of martial arts use their entire bodies at one time, make rapid body adjustments, and relate to the body of a partner. While physical education, recreation, and related activities included in school or recreation programs are designed to meet specific behavioral or performance objectives and to provide enjoyment, few combine all traits of martial arts into one continuous experience.

The first step taken by beginners is to learn *hyungs* – prearranged attacking and defensive movements such as punches and kicks that follow a predetermined sequence. Certain elements in these techniques follow patterns that contribute to overall body development and help each participant become aware of his body position at all times. For example, each *hyung* begins and ends in the same position; all movements are performed at speeds and rhythms established by the *hyung* being performed; all movements are performed with rapid facing patterns and correct posture. This period of basic training consists mainly of repetition and imitation since techniques must blend with the body and become an extension of the self.

Karate is based on the scientific principle of body movement and is considered a way of life as a student progresses from simple body knowledge to an overall physically and mentally coordinated person. It is often considered a most accurate way for the soul to know its body. The first step is always for the body to know itself; only then can the soul be realized.

A master's karate attitude develops slowly over the years. Important characteristics of this attitude include:

Ability to be humble. Only people who have made great accomplishments and deserve respect may truly be humble; they must know their greatness but never lose sight of their shortcomings!

Absence of preconceived thought. When dealing with others, masters keep an open mind; they are slow to make friends but remain a friend for life.

Development of self-confidence. Masters do not make snap decisions but learn to analyze a problem before coming to a conclusion; they accept the world as it is and bend with it so as not to break.

Karate is concerned with all people and those with various handicapping conditions are of particular interest to some ***senseis***. Attitude toward a handicapped individual in karate is unlike that found in many other activities. Basically, the handicap is ignored. No allowances are made in rank tests, tournaments, and classes for any specific condition, just as no allowance is made by an attacker on the street for size, sex, impairment, or disability.

While a ***karateka*** is taught to fight only as a last resort when attacked physically, each must at that particular moment be able to defend himself regardless of physical or environmental condition. It is primarily the responsibility of each individual to bring his impairment or disability under control. Emphasis is placed on abilities and functional body parts. A slower-paced learner is given personalized instruction by one of the ***senseis*** or a higher ranking student. No pressure is placed on anyone to advance through the ranks or enter tournaments; each student is left to do as he feels comfortable. Praise is given only when deserved. Students learn that all decisions to attend classes, produce maximum effort, and remain in classes are strictly theirs.

"Some men perceive things as they are and say, 'why.' I dream things that never were and say, 'why not.' " Robert F. Kennedy's sage words provide the basis for two articles in The Best of Challenge. *So often we have been governed by the conventional and obvious in working with and serving individuals with various handicapping conditions. Karate and the martial arts for mentally retarded persons? Never! Skiing for retarded, blind, and amputees? You've flipped! Read on and see how individuals who recognized the ability and potential of those with whom they worked broke with tradition and provided important experiences in these activities for individuals with various handicaps to significantly improve the quality of their lives. Dream on; spread your wings; stand on the shoulders of your predecessors and project your vision further and further. The difficult we do immediately and nothing is impossible when we want to do it and stick to it long enough!*

There are karate schools that contain such diversified persons as ex-Hell's Angels, polio victims, and underprivileged people. All of the students work barefooted over obstacles such as rocks, barnacles, and sand in summer or winter. The main objective of such regimen is to force mind and body to work in harmony.

Other schools work with troubled youth in activities such as boxing, fencing, judo, and karate to teach people who believe themselves losers how to win. Many of these students are mentally disturbed, hemophiliac, hyperactive; extremely passive, hostile, learning disabled, delinquent, or have a variety of other problems. Visually impaired, including the blind, respond well to martial arts training; many for the first time feel secure on the street.

Some teachers advocate cognitive relationships with the martial arts. For example, a noted college professor believes physics can be easily comprehended through karate training. He not only teaches slow learners this way, but uses this approach with all his students. This system is based on the premise that physics is a basic science and the body obeys basic laws. Since karate is felt to be an extensive knowledge of anatomy, a ***karateka*** must not only control his own energy but his opponent's as well. Karate is an avenue to self-discovery, self-concept, and self-acceptance.

Mentally retarded students are often deliberately excluded from any form of combat because they are supposedly not capable of the judgment necessary for control. These generalizations are as inaccurate for mentally retarded as for average people. It is my opinion after working a number of years with retarded and having observed them in karate sessions, that in many cases karate is a totally beneficial activity.

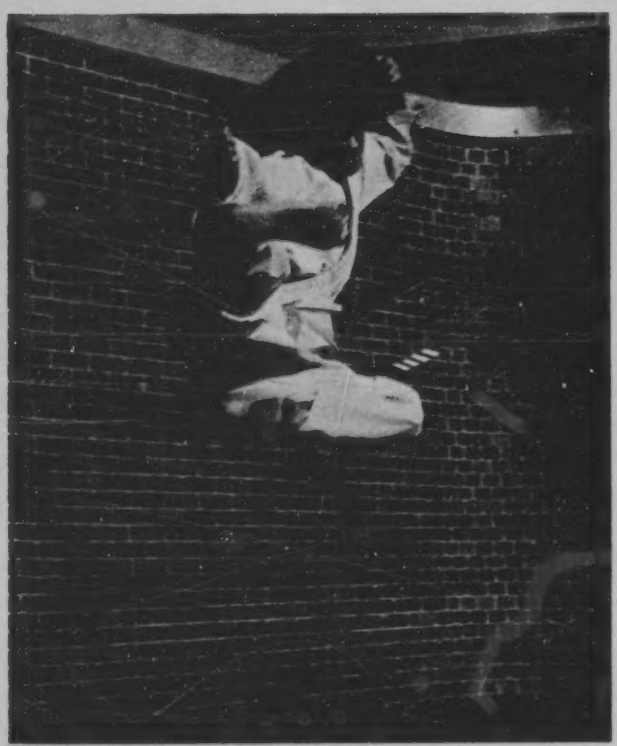
Control for anyone involved in karate is developed through accomplishment. Internal self-control is realized through external practice. In a reliable club, all applicants are screened before they are admitted and permitted to remain only if they exercise reasonable emotional and physical control. Such testing does not automatically exclude mentally retarded persons. As skill in physical movement grows, so does emotional control and desirable attitudes. As a result, ability to fight is constantly and proportionately governed by growth in attitude and control.

Most classes are formal and maintain the same order from week to week so no insecurity is created in a student. The order of a class usually includes: bow into the workout area; line-up according to rank with the person on the left calling the line to attention and instructing the line to bow to the flag; warm-up generally working from neck to feet; instruction, usually progressing from old to new material; activities such as sparring; line-up and bow out, as in the beginning of class; bow out of workout area after dismissal.

Students are expected to remain quiet unless asking a question of the sensei. Anyone in class of higher rank is obeyed and addressed respectfully. Laughter is not accepted during class period since training is serious.

Workout areas are usually without decorations except for a Korean flag. Equipment is placed in the same location at all times. Occasionally, mirrors are available but often there are no windows in an activity area. There is little to distract a student.

Should a problem of control exist in discrimination or depth perception, the student works with a bag instead of another person until able to adjust to the problem. Figure background difficulties should be minimal for the reasons already discussed.



Flying Side Kick. Skill learned by the more advanced. Derived from the beginning side kick on the ground.

Three possible areas of concern for a learning disabled child include:

Retinal inhibition – if members of the class do not realize and understand the difficulty. In dual activities, the partner must be aware that an individual who appears to be ready to block a punch may not be aware of his partner's readiness to throw a punch or kick.

Auditory temporal difficulty may make it hard to learn *kata* forms with rhythm and coordination appropriate to the form.

Dissociation, especially if severe, may cause inappropriate behavior or inability to reproduce actions of the *sensei*.

With these more severe problems in mind, it might be better for the mentally retarded or learning disabled child who has them to combine private and group instruction for a period of time.

It is obvious that *senseis* are aware of people with handicaps. They attempt no correction or cure, but they are aware of needs and have the ability to individualize instruction.

A secure, well-adjusted person reflects a realistic self-image which develops from coordinated physical growth and sound emotional development – in martial arts activities, one does not take precedence over the other. The ultimate aim of martial arts is to unite the human organism into a physical, mental, and spiritual whole regardless of impairments or disabilities.

REFERENCES/RESOURCES

1. Bok Man Kim, "Stages of Tae Kwon Do," *Black Belt Magazine*, July 1973, pp. 31.
2. Brewster, James, "X-Side Kick xY^2," *Black Belt Magazine*, Dec., 1972, pp. 46.
3. French, Scott, "Everyone's Forgotten What Karate Is," *Black Belt Magazine*, Feb., 1972, pp. 49.
4. Jhoon Rhee, *Chon Ji* (Ohara Pub., Inc., Los Angeles, Calif., 1972), pp. 6 & 11.
5. Mattson, George, *The Way of Karate* (Charles Tuttle Co., Inc., of Rutland, Vermont and Tokyo, Japan, 1970), pp. 17, 34-36.
6. Moshcovitz, Philip, "How to Win," *Black Belt Magazine*, Mar., 1972, pp. 27-29.
7. Moshcovitz, Philip, "Media Madness," *Black Belt Yearbook*, 1972, pp. 79.
8. Rodgers, Sensei, Lecture at Abilene, Texas, Karate Studio, 1972.

Motor and Perceptual-Motor Development

THE PROBLEM WAS to distinguish left from right. Right hands and feet were marked with red tape and left hands and feet marked with green tape. ***Loobey Lou*** was the activity: "I put my right hand in...; I put my right foot in..." One student stopped and asked, "Do you want my red foot?" This was not the intended meaning and I wanted no misunderstandings. The question in my mind was, did red and right look the same to a lip reader?

As students lined up for dismissal, they tried to identify body parts such as right elbow or left knee. They knew the parts but left and right were only guesses.

To identify right from left, one might ask a student, "Which hand do you write with?" It is unfortunate that ***write*** and ***right*** have the same lip reading shapes and sounds. There had to be some other way to identify ***right!***

During the next class meeting when scooter boards were used for free travel around the room, I realized that students were making motor noises as though they were driving automobiles. All of these students were driven to school and all were aware that automobiles keep to the right. Perhaps this was a solution to my problem. A square pattern along the walls of the room was established for the flow of traffic. A line in this pattern was used as the line in the middle of the road to enable two-way traffic. After a quick explanation about keeping automobiles to the right, the students were off driving their automobiles.

Suddenly imaginations produced chaos. The noise of shifting gears, screaming brakes, and beeping horns became a din. One student wanted to be a policeman and arrest everyone else. Another became a gas station attendant using another student's sneaker heel for the gas tank and his finger for the hose. He slapped the heel back on and away went the driver with a roar. Another student with glasses was asked, "Clean your windshield sir?" Soon there were tow trucks and ambulances to take away bodies. It was quite an emergency!

RIGHT?

GLORIA R. MacMASTER
Parkhurst Road
Wilton, New York

Street signs such as *slow*, *stop*, and *school* were found and used. The traffic pattern was increased. A traffic circle was put in the middle of the square and connected by short two-way roads. The signs we were using happened to be old ones which immediately prompted questions such as "Why is that stop sign yellow?" A call to the Motor Vehicle Bureau brought a new folder with the new international signs. We then placed the new signs on our old standards. Because the new signs use very few words, they can be *read* by these students who are also learning vocabulary.

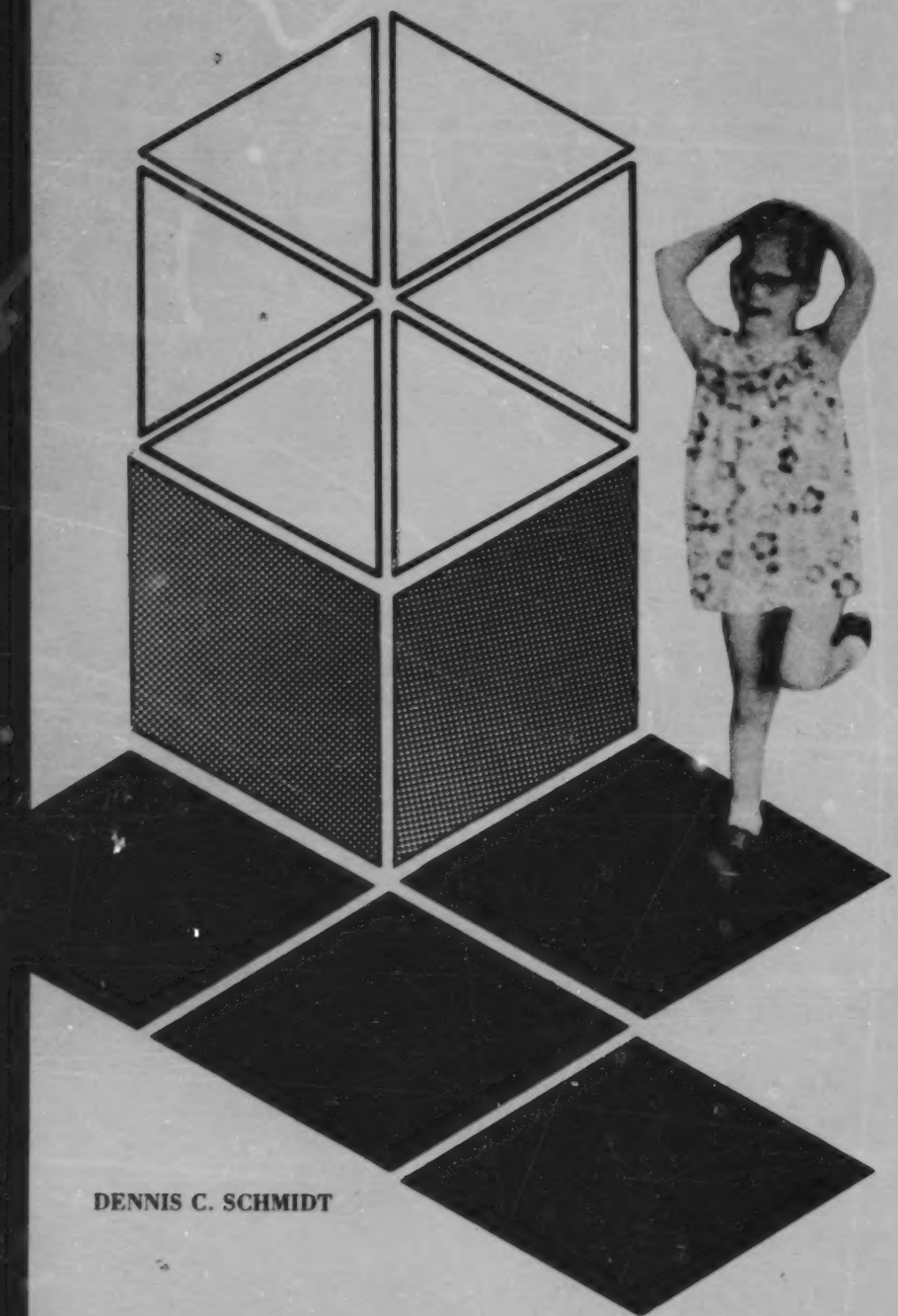
The signs made the activity more interesting to the students but signs did not stop their recklessness. Some rules were necessary. There could be only one policeman — the teacher. Anyone who had an accident would become a pedestrian crossing in the newly created cross walk. Since a pedestrian in a school crossing can stop traffic, this soon became a reward instead of a punishment.

The only solution was to give a driving test which included signaling for turns, stopping at stop signs, and obeying all signals. For passing the test successfully, each child received a hand shake and a BOCES[1] drivers license. The typewritten license was a facsimile of a real drivers license including a space for personal data including eye and hair color. One could lose his drivers license for reckless driving so it paid to drive carefully after passing the examination.

Finally we had a situation which was under control. Students were busy, interested, and motivated to use right and left in a life simulated situation which demonstrated the importance of this knowledge.

[1]Board of Cooperative Education Services are administrative units in which two or more school districts unite to offer services neither could offer individually.

MULTI-CARPET ACTIVITIES



DENNIS C. SCHMIDT

Today's physical educators ask classroom teachers to reinforce physical education programs. Here is an opportunity to reinforce classroom teachers in practical academic areas. For example, Community Training Programs for Trainable Mentally Retarded of Ohio have stressed primary colors. Solid colored carpet squares (1′ × 1′) of red, blue, and yellow are excellent teaching aids. Expense is low and many carpet stores discard display pieces periodically. Carpet activity can augment development of body awareness, static balance, ability to follow directions, attention span, locomotor skills, and animal walks. Every child is active, constantly involved, and achieving at his own level.

To introduce an activity, line carpet squares according to color with all red in one line and all blue in another. Use pieces of carpet as visual aids and have students find and stand on a given color. Continue this sequence until students become familiar with primary colors. To make this activity more challenging, randomly scatter carpets around the area and ask youngsters to find and stand on specific colors.

The unlimited potential of carpet squares is shown in the following list of possible activities.

BODY AWARENESS

Move to a given color. Use different colored visual aids such as pieces of construction paper or balls. Have each student place a hand on a carpet square with one student per square. Different colors and different body parts can be substituted in this activity.

Move to a color and place two or more body parts on the carpet square such as a hand and knee or an elbow and nose.

Dennis C. Schmidt is state supervisor of physical development, Ohio Athletic Association, Columbus, Ohio.

Put two or more squares together in various combinations to add to challenge, complexity, and fun.

Use verbal or auditory signals. For instance, call the colors by name or use different drum beats for different colors.

STATIC BALANCE — move to various colors and stand with—

Feet together and arms at sides

Feet together and arms on hips

Feet together and arms across chest

Feet crossed

Feet together and one eye closed

Feet together and both eyes closed

Having participants balance on one foot or perform with eyes closed will add variety

LOCOMOTOR SKILLS

Run to a color and stand on the square.

Vary locomotor skills by having participants walk, hop, jump, or skip.

Vary activities even more by having students move forward, backward, sideways, high, or low.

ANIMAL WALKS

Move like an elephant.

Use as many different animal walks as possible.

Have students name animals they would like to be.

ADDITIONAL VARIATIONS

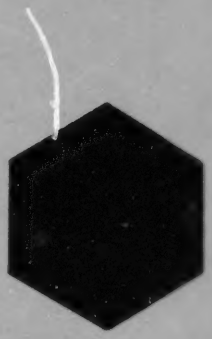
Cut carpets into various shapes to reinforce both color and shape concepts.

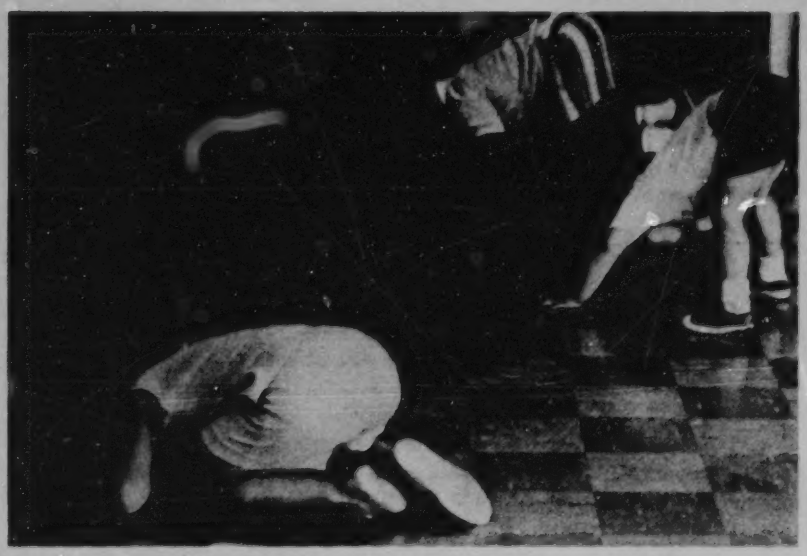
Cut shapes into small and large pieces to reinforce size concepts.

Introduce numbers for more advanced students.

Introduce combinations that include size, shape, color, and different locomotor skills.

These are only examples of basic activities. *Your* creativity can increase various aspects of using carpet squares. In utilizing these inexpensive and versatile devices, consult with classroom teachers to find each student's level and concepts which must be reinforced. These activities provide enthusiastic approaches for learning and can contribute much to the development of each child's motor abilities.





From Our Readers

Cardboard Express

Larry R. Shurtliff
Lincoln, Nevada

Type of activity: Motor skill (follow the leader type); some mental skill introduced.
Age range: About 5 to 10 years of age
Place conducted: Gymnasium or adapted for outdoors.

Equipment needed:
- Medium sized cardboard box with holes cut for arms and legs for each child.
- Red and green stop and go signs.
- Chalk, masking tape, or painted lines for track.

Basic objectives and values:
- Motor skills (arms, legs, and body in jumping, hopping, running, etc).
- Respond to visual signs.
- Respond to verbal commands.
- Promote dexterity, balance, and physical fitness.
- Promote social interaction.
- Develop mind-body coordination

Basic procedure:
- Tracks are laid out in lines which students try to stay between. Course is laid out with markings such as: bridge, tunnel, up the mountain, down the mountain, and straight of way which is where their wheels get tired. Stops and goes are at any time during the trip, according to the engineer who uses whistle, signs, and other signals.
- Each child puts on a box, then they form a train and follow each other in a line (possibly tallest to shortest). The teacher can be the engineer, giving stop and go signals with red and green signs and verbal commands as the trip proceeds. Later, children can take turns being engineer.

Activity possibilities:
- Bridge—jump with both feet to get over it.
- Tunnel—crawl on hands and knees, tooting like a train.
- Mountain—step high as if climbing, huff and puff.
- Mountain—run as if going down the mountain, make sounds like brakes screeching.
- Straight of way—tired wheels, rest one foot by hopping on the other; reverse foot.

Note: Verbal directions make this activity easier.

Ideas for more activity:
- Each time the train starts move arms in a circular motion and make a choo-choo sound.
- Signal on turns with arms.
- Back up the train.
- Screech at stops.

Evaluation:
- Observation.
- Achieve goals of the game, i.e., stay on tracks, hop, combine sound and activity.
- Amount of participation (for all).
- Enthusiasm displayed.

Ways activity can be given continuity in total program:
- Lead-up activities: students paint boxes, lesson on trains such as safety, stop and go signs, etc.
- When through with activity use boxes for free play: build tunnels, mountains, bridges; jump on them, hide in them, run around them, stand in front of them.

Other ideas:
- Use boxes for any vehicle that moves—cars on highway, boats on ocean, planes in the air, subways.
- Make activity more meaningful by substituting local names for landmarks such as, Bear River Bridge, Holland Tunnel, Rocky Mountains.
- Put up signs, since illustration adds excitement.

Dick Ness
Denton State School
Denton, Texas

perceptual motor skill training

Perceptual motor skills are essential for functional mobility within one's environment. Acquisition of these skills is attained through repeated responses to stimuli which require perceiving a cue and reacting appropriately. A normal individual is presented with a constant variety of cues during his development from which perceptual motor abilities can be learned and mastered.

An institutionalized mentally retarded person, however, is often not given opportunities to receive necessary cues to develop appropriate perceptual motor responses. Environment and society of an institution often restrict residents to a routine with little variety or stimulation. Educational programs have attempted to alleviate this void by providing appropriate cues and stimuli for acquisition of perceptual motor abilities.

Profoundly mentally retarded individuals, because of their decreased mental abilities and increased incidence of accompanying physical disabilities, including brain injury or damage, are usually deficient in perceptual motor skills. The relatively sterile atmosphere of an institution in combination with this deficiency increases the possibility that adult residents will not be able to perceive themselves and their body movements efficiently. As institutions throughout the nation increase in populations of severely and profoundly retarded residents and as upper level residents move into community based programs, the challenging problem of developing adequate perceptual motor programs is magnified. The problem then, is to provide a program which presents a variety of physical cues for which profoundly retarded residents must respond appropriately. The recreation staff at Denton State School for the Mentally Retarded in Texas used a day camping program with nature trails and wilderness walking to provide a program in perceptual motor development for profoundly retarded residents. Ambulatory residents were bused to a day camp for three hours of activity. Activities consisted of walking through nature and wilderness trails, refreshment break, and play activities in sand boxes or with equipment brought to camp.

Walking through heavily wooded sections of the camp presented a totally new experience to many residents. Initially a great number of them were apprehensive.

The primary idea of wilderness walking was to allow each resident an opportunity to deal with a variety of obstacles or cues and react to them in an appropriate manner. As each person perceived changes in himself and the environment, he moved his body to accommodate these changes.

During a four month period when residents were taken to camp at least once a week, the following improvements were noted in perceptual motor skills—they became more comfortable and secure in walking through the wooded area and walking up and down steep hills. Prior to this training it was difficult for many residents to maintain their bodies in proper relation to the pull of gravity. For example, when initially they would walk down a hill, they remained perpendicular to the hill and progressively moved faster. After training residents could see environmental changes and make appropriate accommodations to move up and down correctly. Furthermore, they learned to walk over and on logs of various sizes, jump ditches, dodge low hanging limbs, move over rocks, bushes, leaves, and through high grass.

Wilderness walking is an enjoyable method of teaching a variety of perceptual motor skills without expensive equipment. Moving up and down hills and through heavily wooded areas provides a constant and ever changing amount of perceptual clues which require appropriate accommodation of the body.

After learning to walk up and down hills and learning to contend with uneven terrain, a group of happy day campers rest in the woods.

Do Your Students Need Perceptual-Motor Training?

This check list is to be completed by the classroom teacher, speech therapist, or physical education instructor. Observations should be made during regular class periods without the knowledge of the student being observed. Observations should be over a period of time sufficient for an objective view of the student.

1. Fails to show opposition of limbs in walking, sitting, throwing.
2. Sits or stands with poor posture.
3. Does not transfer weight from one foot to the other when throwing.
4. Cannot name body parts or move them on command.
5. Has poor muscle tone (tense or flaccid).
6. Uses one extremity much more often than the other.
7. Cannot use arm without "overflow" movements from other body parts.
8. Cannot jump rope.
9. Cannot clap out a rhythm with both hands or stamp rhythm with feet.
10. Has trouble crossing midline of the body at chalkboard or in ball handling.
11. Often confuses right and left sides.
12. Confuses vertical, horizontal, up, down directions.
13. Cannot hop or maintain balance in squatting.
14. Has trouble getting in and out of seat.
15. Approaches new tasks with excessive clumsiness.
16. Fails to plan movements before initiating task.
17. Walks or runs with awkward gait.
18. Cannot tie shoes, use scissors, manipulate small objects.
19. Cannot identify fingers as they are touched without vision.
20. Has messy handwriting.
21. Experiences difficulty tracing over line or staying between lines.
22. Cannot discriminate tactually between different coins or fabrics.
23. Cannot imitate body postures and movements.
24. Demonstrates poor ocular control, unable to maintain eye contact with moving objects, loses place while reading.
25. Lacks body awareness, bumps into things, spills and drops objects.
26. Appears excessively tense and anxious, cries or angers easily.
27. Responds negatively to physical contact, avoids touch.
28. Craves to be touched or held.
29. Over reacts to high frequency noise, bright lights, odors.
30. Exhibits difficulty in concentrating.
31. Shows tendency to fight when standing in line or in crowds.
32. Avoids group games and activities, spends most of time alone.
33. Complains of clothes irritating skin, avoids wearing coat.
34. Does not stay in assigned place, moves about excessively.
35. Uses either hand in motor activities.
36. Avoids using left side of body.
37. Cannot walk sideward either direction on balance beam.
38. Holds one shoulder lower than the other.
39. Cannot hold a paper in place with one hand while writing with the other.
40. Avoids turning to the left whenever possible.
41. Cannot assemble puzzles which offer no difficulty to peers.
42. Cannot match basic geometric shapes to each other visually.
43. Cannot recognize letters and numbers.
44. Cannot differentiate background from foreground in a picture.
45. Cannot identify hidden figures in a picture.
46. Cannot catch balls.
47. Cannot relate the body to environmental space. Is usable to move between or through objects guided by vision and an awareness of body dimensions.
48. Seems lost in space, confuses north, south, east, and west.

Developed and used by Claudine Sherrill and students in adapted physical education, Texas Woman's University, Denton, as part of physical development clinic for children.

Gravity Reduction as a Therapeutic Modality

Marc A. Bartnik, program director
Bruce Lewis, games specialist
Stepping Stones Center for Handicapped
5650 Given Road
Cincinnati, Ohio 45243

A program that can increase gross motor skills among mentally retarded children and can be adapted for use with physically handicapped children has been successfully initiated during summer day camp at Stepping Stones Center for Handicapped, Cincinnati, Ohio. This program uses a device known as a *moonwalk*, which is basically an enclosed vinyl bubble resembling an overstuffed canopy, supported by a cushion of forced air that causes a sensation of weightlessness. This apparatus has proven to be valuable because it has the controlled bounce of a trampoline with the reciprocating action of an ocean swell—and it is safer than similar devices.

After considerable research and experimentation with program objectives and safety procedures, a sequential process building on basic learned skills to accomplish more complex skills was established. Using a flexible approach disguised as play, a child goes through basic movements at his/her own rate.

It is fundamentally important for children to overcome any fears they may have by touching and exploring the apparatus to their satisfaction and by allowing them to observe others on the device. This approach has proven effective in overcoming irrational fears.

Music has also played an important role in this program. Melodies with a lively beat were used successfully to create a stimulus for rhythmical bouncing. Initially added just to provide a pleasant background, it was soon apparent that music was not only important for rhythm but also allayed fears and created an exciting, lively atmosphere.

Children disabled by hemiparesis or hemiplegia have especially benefitted from using moonwalk. With these children program emphasis is placed on the affected limb by indirectly requiring it to bear weight and establishing better knee control through various bouncing skills. These exercises serve a dual purpose of balance training and increasing use of affected body parts. At times, weights may be used to increase weight-bearing on the affected limb. Improvisation has been the key to an effective approach.

One contradiction that soon became apparent was that many older campers were more comfortable and relaxed on their backs, while infants were more at ease on their stomachs. Once past the toddler stage, this reversal was almost always true for physically impaired campers, especially those who lacked muscle response in the neck and shoulder region.

The following procedure is the compilation of research initiated for trampoline therapy with mentally retarded residents of the Elizabeth Ludeman Center in Park Forest, Illinois—modified and adapted to moonwalk therapy at Stepping Stones Center. While observed to be beneficial, the following procedure, because of its relative newness, has not been subjected to empirical analysis using a control group to measure its degree of effectiveness.

SPECIALIZED APPARATUS SKILLS SEQUENTIAL PROGRESS RECORD

Specifically designed for use with the mentally disabled in overcoming gross motor deficiencies with adapted uses for the physically handicapped.

DATE

1. ___ Is introduced to moonwalk by being allowed to touch and explore apparatus independently.
2. ___ Can enter environment in relaxed state.
3. ___ Can lie on stomach without fear.
4. ___ Can lie on back without fear.
5. ___ Can lie on back and roll from one side to other.
6. ___ Can roll across entire floor surface.
7. ___ Can sit upright tailor fashion.
8. ___ Can maintain upright tailor sitting position under mild floor turbulence.
9. ___ Can be bounced in sitting position and recover.
10. ___ Can assume four point crawling position.
11. ___ Can maintain four point crawling position independently.
12. ___ Can maintain balance in four point crawling position under mild turbulence.
13. ___ Can crawl to all quadrants of moonwalk bed.
14. ___ Can four point travel bounce independently.
15. ___ Can stand in moonwalk with assistance.
16. ___ Can maintain standing position independently.

17___Can maintain standing position under mild floor turbulence.
18___Can maintain independent standing position under mild floor turbulence.
19___Can walk forward to all quadrants with assistance.
20___Can walk forward to all quadrants independently.
21___Can bounce with staff in two point standing position.
22___Can independently bounce in two point standing position.
23___Can turn at will while bouncing.
24___Can bounce rhythmically.
25___Can master controlled bouncing to all quadrants.
26___Can drop to knees from standing position.
27___Can drop to knees from standing position and return to standing.
28___Can perform knee drops in succession.
29___Can drop on hands and knees from standing position.
30___Can drop on hands and knees from standing position and return to standing.
31___Can drop to seat from standing.
32___Can drop to seat from standing and return to standing.
33___Can drop to back from standing.
34___Can drop to back from standing and twist to front.
35___Can drop to stomach.
36___Can drop to stomach and twist to back.
37___Can combine two or more skills in succession.
38___Can perform an elementary routine.

This checklist can serve as a guide for accurate evaluation; however, while true for the majority, some steps may prove to be out of sequence or inappropriate for a few.

With patience and ingenuity even severely disabled children may improve using moonwalk. Sometimes months are required just for acclimatization, but learning can occur after fear and uncertainty have been resolved. It must be stressed that this program is conducted through *imaginative free play* using movements and games to sequentially move through the steps. No direct attempt to categorically test should be made.

CROSS COUNTRY SKIING for the MENTALLY HANDICAPPED

Cross country skiing is a fast-growing and popular winter activity. Benefits from this lifetime sport include increased strength, endurance, balance, coordination, and appreciation for nature's winter beauty. Equipment can be obtained with relatively little expense.

Riverview School, a public school for mentally handicapped children in Manitowoc, Wisconsin, initiated a cross country program for intermediate and junior high school aged mildly retarded (educable) students during the 1973-74 school year. A local ski hill and ski shop owner donated 20 pairs of old, wooden, downhill (Alpine) skis and helped staff and students convert them into cross country skis. Metal edges were sawed off to make skis lighter and thinner. Special cross country bindings that fit regular outdoor boots or overshoes and poles were purchased at cost from the same ski shop owner. Students in industrial arts education classes and several staff members dismantled bindings, sawed skis, and mounted new bindings.

To facilitate fitting, skis and poles were marked. Bindings were sized small, medium, and large. Size was determined according to probable shoe sizes of these intermediate and junior high school students. Small bindings were mounted on short skis, medium on medium-length skis and large on long skis. Colored plastic tape with the letters *S*, (small), *M* (medium), and *L* (large) were attached to the respectively sized skis. A number or letter at the toe of each pair of skis distinguished one pair from another.

Poles came in sizes 48 inches through 56 inches. Colored plastic tape placed on shafts distinguished various sizes. As students were fitted, the ski number and pole color were recorded. Students used the same equipment throughout the unit. By snowfall, skis were usable and the program began.

Prerequisite to cross country skiing seemed to be, *if you can walk you can cross country ski.* This rule was appropriate for the Riverview students with the exception of students who had difficulty maintaining balance while walking on snow. With some adaptions in equipment students with crutches also participated. A basket similar to those found at the end of a ski pole was attached to the crutch tip to prevent it from pushing deep into the snow.

Nola Sinclair
Physical Education Instructor
Riverview School
Manitowoc, Wisconsin

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Orientation What is cross country Safety Care of equipment Clothes Waxing Fitting	*Free Exploration*	*New Skill* Moving in place Falls Getting up	*New Skill* Moving in place Step turns	*New Skill* Moving on flat land Diagonal stride
New Skill Moving on flat land Diagonal stride	*New Skill* Moving on flat land Double poling	*New Skill* Moving uphill Side stepping	*New Skill* Moving downhill Straight run Moving uphill Straight uphill	*New Skill* Moving downhill Traverse Moving uphill Traverse
New Skill Moving uphill Herringbone	*New Skill* Moving downhill Snow plow	*New Skill* Moving downhill Step turn	Given a marked trail on and near the school playground area, students move as far as	possible during the first half of the class period and return during the latter half.

Student orientation included discussions of cross country skiing, safety and care of equipment, proper clothing, plus the how and why of waxing skis. Students also learned how to fit themselves properly with the correct size poles and skis.

During the first lessons on the snow, students simply explored what they were able to do on skis. Individual exploration gave students practice in standing after a spill, adjusting body positions for maintaining balance, and putting on and adjusting bindings.

As students became more accustomed to movement on skis, various skills were introduced and practiced. Because of vast differences in balance, coordination, and skill acquisition, much time was spent in free exploration and practice of given skills. Students were able to benefit from individual assistance and each progressed at his own rate. Talented youngsters were not stifled and slower students not frustrated by unrealistic expectations.

The unit ended with a cross country trail hike. Given a marked trail on and near the school playground area, students moved as far as possible in the first half of the class period and returned during the latter half. This gave students a real cross country experience.

The following is a three-week cross country skiing unit designed for beginning educable mentally handicapped skiers; each lesson is designed for 40 minutes. With the exception of the first two and last two lessons, the time schedule is: 1. 5-10 minutes to obtain equipment; 2. 5 minutes for exploration and practice; 3. 10 minutes for discussion and demonstration of new skill; 4. 10 minutes for exploration and practice; 5. 5 minutes to return equipment.

Suggested references:

Baldwin, Edward R. *The Cross Country Skiing Handbook*. Toronto, Ontario: Pargurian Press Limited. 1972.

Bennett, Margaret. *Crosscountry Skiing for the Fun of It*. New York: Dodd, Mead & Company. 1973.

Toker, Art, and Luray, Martin. *The Complete Guide to Cross Country Skiing and Touring*. New York: Holt, Rinehart, Winston. 1973.

United States Skiing Association, Rocky Mountain Division, Ski Touring Sub Committee. *RMD Ski Touring Instructors Manual*.

Note. See pages 84 and 89 for information about additional resources.

HANDS ACROSS the BORDER

Judy Newman
Arizona Training Program at Tucson
29th Street and Swan Road
Tucson, Arizona 85711

An experimental 10-week swim therapy and recreational swim program for children with various handicapping conditions was developed at the Arizona Training Program (Tucson) during the summer of 1974. Thirty-seven children from Nogales (Sonora), Mexico were bused (approximately 50 miles to Tucson) each Saturday for swim patterning and recreational swimming. Among the participants ages 4 to 16 were physically impaired, mentally retarded, and multiple involved children. Parents accompanying their children were given a training course in swim patterning and basic techniques for working with the children. Directors of the Rehabilitation Center for Physically Handicapped and Mentally Incapacitated Children of Nogales also attended each Saturday.

None of the children spoke or understood English; staff and volunteers did not understand or speak Spanish. The first session was hectic. Children were bewildered and frightened; they kicked, cried, scratched, and wanted no part of the program. Volunteers spent the first session playing with children, trying to calm them and help them adjust to water and the strange environment. To be sure children went home with a happy feeling, a picnic at the park was held after the swim session.

The first step in training is to teach swim patterning movements to make Elvira water safe with supervision. Ten weeks later, she can do a standing dive in deep water without assistance.

Many changes were made before the second session. Staff and volunteers met to learn Spanish words necessary to communicate with the children. *Sopla* (blow), *voca* (mouth), *brazo* (arm), *mano* (hand), *sientate* (sit), *parate* (stand up), *naden* (you swim), *despacio* (slow down), *muy bien* (very good), *salpicar* (splash) were learned and used! The children soon overcame their initial fear of water and of strangers working with them and really entered into the spirit of the program.

All children were evaluated by the author who developed individual programs so progress could be determined and reported. Each child received one-half hour of instruction or training and one-half hour play time. Discipline was no problem as Mexican children are extremely well behaved.

Much advance planning was necessary. For example, visas for children and adults crossing the border and letters to officials concerning such details as program costs and insurance were necessary. Each child had a 4x5 card with name, age, diagnosis, and picture on it. Details required several months of work prior to the beginning of the program. Several staff members from Arizona Training Program, American Red Cross, YMCA, and Parks and Recreation Department donated time. All attended a 16 hour training course for handicapped swimming given at the Center. However, final results far outweighed red tape necessary to get this program going. By the final session, all children were blowing bubbles with faces in the water, doing elementary swim strokes, either in or out of a swim tube, and loving every minute of it.

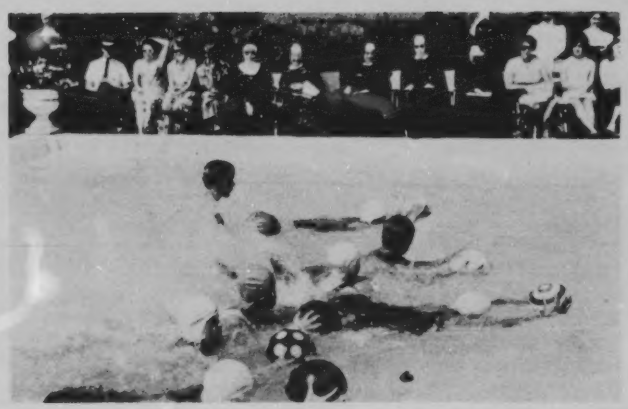
Two men, not instructors, wanted to help and soon became favorites of the children as they played games and showed a sincere interest in each child as an individual. They towed children around the pool in swim tubes or kickboards. Without exception, everyone involved in this special program thought it was one of the most rewarding experiences of their lives.

People of Nogales are very excited about having their own program in a therapeutic pool now being planned. The author will go to Mexico to conduct extensive training programs for instructors, parents, and volunteers. She will evaluate children and plan individual programs for each child.

Children are children no matter where they are found. Unfortunately, many children are forgotten, relegated to passive inactivity, denied opportunities afforded their peers. This situation is not limited to children from any one country, state, or locality—some children everywhere are forgotten. If an individual gives even one impaired, disabled, or handicapped child a reason for being happy, his life has also been enriched.

Developmental Pool Activities for Fun

Louise Priest
American Red Cross
2025 E Street, N.W.
Washington, D.C.



The following aquatic activities are fun while at the same time they enhance participants' social, emotional, and physical development. The challenge can be enjoyed by non-handicapped swimmers and those with various impairments because the required movements and concepts can be adapted to the swimmers' abilities.

Obstacle Course

An obstacle course may be set up in the pool with equipment such as:

- A post or standard to go around.
- A hoop or snapwall to go through.
- Two ropes, one to go under and one to go over.
- Several hoops or snapwalls to go in and out.

"Running" the obstacle course is fun and helps reinforce basic movement concepts. A non-ambulatory child may be carried through an obstacle course, and a child who is hesitant may be accompanied by the teacher. Maximum benefit from the standpoint of movement exploration will be derived only if a child does the activity or movement independently. Benefits of the obstacle course include:

- Reinforces concepts of around, in/out, over/under, up/down.
- Improves ability to follow directions.
- Sharpens awareness of environment and objects in it.
- Improves child's ability to manipulate body through water in varying directions.

Dive and Collect Relay

This is a group game in which a variety of sinkable objects are tossed into the pool. At the start signal, players sit or surface dive and collect as many objects as possible, until all are collected or there is a stop signal. Player with the most objects wins. The relay may be used with an academic remediation approach, by having the players make object identification. Benefits include:

- Enhances fine motor control
- Lengthens attention span
- Improves ability to follow directions
- Enhances target location
- Enhances spatial orientation
- Improves ability to open eyes and swim underwater
- Improves breath control

Object Relay

In this relay a variety of objects are placed in two matching stacks, one for each team. Leader stands in pool at any distance from side, holding two hula hoops floating in the water. Leader gives directive to the first students in line, such as "Bring me something that floats; ready—*go*." Child chooses object and takes it to hula hoop. A new directive is given for each team member. Benefits include:

- Enhances discrimination among certain items
- Exposes child to competition on a simple level
- Requires following a task of several steps
- Teaches different and faster methods of moving
- Improves understanding of buoyancy of objects

Hydro-Slimnastics

Betty Clark
Aquatics Director
Albany Jewish Community Center
Albany, New York 12201

Hydro-slimnastics or exercises in water have become very popular at the Albany, New York Jewish Community Center. It was designed for senior citizens and people sent by doctors or therapists with exercises for a particular body area. This program can benefit anyone, young or old. It stimulates circulation, strengthens muscles, and is a tremendous help for flexibility and balance.

A series of exercises is executed slowly in the shallow end, sides, and middle of the pool, up to shoulder depth. The instructor stands on the pool deck and demonstrates for everyone, keeping in mind that water resistance forces exercises to be performed more slowly in the water. Varying exercises, adding new ones, counting, and music keep the program interesting for participants. The program lasts for 30 minutes daily. The pool water should be 80 to 82 degrees and the air temperature 84 degrees.

It is always wise to explain what the program is about and suggest that participants do the exercises slowly, stopping after any proves to be too strenuous. A doctor's permission to exercise is also recommended before allowing anyone to participate in this program. It is important to increase the number of times each exercise is performed to continue the benefits.

HYDRO-SLIMNASTICS EXAMPLES

Start in waist-deep water

Feet and ankles	•alternate toe-heel •up on toes—hold—down •tip-toe across pool, legs straight •rotate ankles
Knees	•kick back from knee •grip knee with both hands, pull to chest hard; alternate
Legs	•push leg to side and pull back •kick leg backwards and return •run in place (start with 25 and add weekly)
Waist	•hands on hips—turn left/right; bend left/right •slide left hand toward ankle with right hand overhead; alternate
Hands, underwater Arms	•open wide, clench tightly •shake from wrist •both hands in front, pull down past hips, reverse •both hands at side, lift up, over head, reverse, press down •hands close to shoulder, push hands out

Move to side of pool and hold on to gutter

•kick up and down
•open and close legs
•extend legs, pull both to bottom of pool
•turn over, kick up and down, ride bicycle

Move to middle of shallow end

Shoulders	•rotate forward and backward •up on toes, lift both shoulders, hold, relax
Head and neck	•look left, right •forward and back, lower lip over upper •eyes, left up, right down; close tightly, open wide
Upper body	•arms extended, circle with hands •swim front crawl with arms only •swim breast stroke •hands bent at chest, fling outward stretching

Finish with run in place.

Arletha Seiffert, swimming coordinator, San Francisco Special Olympics, offers several innovative activities which can be conducted in the shallow end of a swimming pool:

Balloon Blow (Walking only)
A. Balloon is inflated and tied prior to start
B. Participant – runs in shallow water and blows (no splashing)
– is not allowed to touch balloon with body

Balloon Blow (Swimming)*
A. Balloon is inflated and tied prior to start
B. Participant – (1) walk, swim, walk
(2) can guide with body movement and blowing, but not allowed to touch balloon

Walk – Swim – Swim
Participant swims, but may place foot on bottom a number of times (to be determined by officials)

Shallow Water Swim
One width – no touching bottom or sides – NO HELP

25-Yard Shallow Swim
Any over arm stroke – for participants with swimming ability, but are unsafe in deep water.
All regular rules cover this event.

Back Float
Position and length of time
Participant is judged on form and time variations – scull on back with or without kick or winging (hands raised along sides to armpits, arms extended horizontally and pressed to thighs).

25-Yard Back Stroke
Shallow water – crawl or elementary back stroke.
All regular rules (no touching).

Kick Board With Help
Participants kick holding kickboard – helper walks backward
Do not walk on side of kickboard.
This event is only for extremely uncoordinated persons.

Kickboard – No Help
For participants who do not realize they really can swim along.
Do not place body on board.
Be sure elbows are straight and body is floating behind board.

*Be very careful in teaching this event.

A Code for Swimming Volunteers

Carol Hill
Elementary Supervisor, TMR
District 287
Minneapolis, Minnesota 55343

Be sure	Look into your heart and know that you really want to help other people.
Be convinced	Don't offer your services unless you believe in the value of what you are doing.
Be loyal	Offer suggestions but don't ridicule. Accept rules; don't criticize what you don't understand—there may be a good reason.
Speak up	Ask about things you don't understand. Don't coddle your doubts and frustrations until they drive you away or turn you into a problem worker.
Be willing to learn	Training is essential to any job well done.
Keep on learning	Know all you can about mental retardation and how to help the retarded.
Welcome supervision	You will do a better job and enjoy it more if you are doing what is expected of you.
Be dependable	*YOUR WORD IS YOUR BOND.* Do what you have agreed to do—don't make promises you can't keep.
Be a team player	Find a place for yourself on the team. The *lone operator* is pretty much out of place in today's complex community.

Safe Swimming and Epilepsy

- ***Don't*** ever swim alone or in areas far from help.
- ***Ask*** your doctor about swimming and you, and follow his advice.
- ***Tell*** school authorities, lifeguards, swimming teachers, camp counselors if you have epilepsy and want to swim. It's not fair to them if you don't, and it could be fatal to you.
- ***Don't swim*** if you have forgotten to take your medication recently. Always take your medicine with you.
- ***Don't*** let yourself get chilled or physically exhausted.
- ***If*** you have seizures often swim only with a buddy who knows about your condition. Wear a bright colored swim cap for quick visibility.
- ***Consider*** that seizures and swimming do pose a hazard. Remember you can always wait until you have better control.
- ***If*** a child who has seizures is playing on the beach, near a pool, or on a boat, let him wear a lightweight life jacket or a small plastic foam flotation device.

From ***National Spokesman***, April 1974 (Vol. VII, No. 4), page 4, monthly publication of Epilepsy Foundation of America, 1828 L Street, N.W., Suite 406, Washington, D.C. 20036.

III. PROGRAMS

Adults

Don't Sell Us Short: Thoughts of a Retarded Adult

Judy Newman, Swim Specialist
Arizona Training Program
29th and Swan
Tucson, Arizona

We are adults and although others may say we are mentally retarded, we are individuals with the same need for love, friendship, and satisfaction as our nonretarded friends. Just because we have difficulty with academic and abstract concepts does not mean we cannot accomplish many physical tasks that nonretarded adults do. Becoming self-sufficient in the water is an area where many of us shine. Once basic coordination and movement are learned, many of us become proficient swimmers, others better than average, and we often outswim our nonhandicapped friends. By achieving goals that are important to us we balance frustration incurred by failure in other areas of our lives. We realize that each of us has personal problems just as everyone else does. Learning to overcome fear of water, gaining skills, no matter how slight, gives us feelings of accomplishment in things that are important to us, just as in the life of anyone.

We do tend to live within ourselves and often by ourselves. But the wide and varied range of swimming activities in which we take part challenges us; feelings of satisfaction result from participating in these activities and help bring us out of our shells to communicate with others.

Many of us have never had to learn real discipline. We go where we are told; do what we are told; few expect us to take any direct responsibility for our actions. In a swim program each of us learns specific rules to which we must adhere every time we enter the water and swim. Some take longer to learn things than others, but most of us can and do learn to swim. How very important we feel when we tell the rules to a new participant—we are more dignified, worthwhile, and like a person not a thing.

Many movements that are impossible or difficult for some of us to do on land due to neuromuscular inefficiency can be done in the water. Learning to control body movements in water often leads to better control out of water; this helps us by providing fun physical activity, group socialization in a relaxed atmosphere, better physical coordination in other phases of our lives.

We need to feel independent in the water to help develop feelings of self-worth so we can cope with many disappointments we face daily. As individuals each of us needs to learn at his own pace. Even organized competition can come after we feel secure in the water. Too few social physical activities are open to many of us, so we are eager to learn and take part; this helps us develop the ability to follow directions and to retain what we learn.

Though some of us are 20, 30, or even 60 years old, we can and want to participate with adults from other centers, programs, or sections of town. We are thrilled to make new friends, be a part of a group, and accepted as an individual. We want to show the world that when given an opportunity we feel emotions of normal adults, achieve skills of nonretarded people, and can make communities better places to live. Please, don't sell us short!

Athletics and Sports

Three years ago teachers and staff of the East San Gabriel Valley School for the Multi-Handicapped in Glendora, California asked:

- *Why not* have an Olympics for multiple handicapped students so that all exceptional children enrolled in the program can participate?
- *Why can't* competitive games and contests contribute to growth and development of multiple handicapped children?
- *Why can't* multiple handicapped children work toward a goal or reward in an activity which is commensurate with their level of skill and ability?
- *Why can't* multiple handicapped children experience the fun and excitement of Olympic-like games and contests?
- *Why shouldn't* they feel important, be recognized, and helped to feel their own worth and dignity?
- *Why shouldn't* these children be cheered and praised for their accomplishments?
- *Why shouldn't* they expand their social contacts and social interactions through Olympic games and activities?
- *Why couldn't* an Olympics for multiple handicapped youngsters be a learning experience for the children, parents, teachers, and community?

With the help and encouragement of Donald Welch, principal of the East San Gabriel Valley School for the Multi-Handicapped (ESGVS-MH), and Robert Howell, program specialist for the deaf/blind and multi-handicapped, teachers, aides, and parents organized their first Multi-Handicapped Olympics and held it in spring 1972.

In May 1974, the Third Annual Multi-Handicapped Olympics was held with outstanding success. A steering committee composed of teachers, aides, parents, and staff members planned and organized the day's Olympic events under the direction of Peggy Reagan, remedial physical education teacher. The following material is presented as a guide to planning and staging the Olympics, and with the hope that more programs for multiple handicapped children might provide the same kinds of opportunities and experiences for their exceptional children.

Robert L. Campbell, program specialist in Developmental and Remedial Physical Education, and Peggy Reagan, remedial physical education teacher, Division of Special Education in the Office of the Los Angeles County Superintendent of Schools, 9300 East Imperial Highway, Downey, CA 90242.

ORGANIZATION

Eight committees were chaired by volunteers from the ranks of teachers, aides, staff, and parents:

Publicity—A release by the Los Angeles County Public Information Office was sent to all news media. A special invitation was sent home with the children to all parents, friends, and relatives.

Parade—Led by Donald Welch and Winnie the Pooh (courtesy of local Sears Roebuck Company). All officials, participants, teachers, and helpers paraded.

Refreshments—All drinks and cups were provided by Burger King; cookies were made by volunteers from the parents' organization.

Music and Audio-visual—The sound system and videotape equipment were provided by the media-technician assigned to the ESGVS-MH. All of the equipment was located on a truck in the center of the Olympic area. The announcer was stationed on top of the truck and did a play-by-play account of events in progress, and indicated when it was time for groups to rotate to the next event.

Awards—First, second, and third place ribbons and participant ribbons were made by the parents organization. Every participant received an Olympic award.

Event leaders—Volunteer leaders conducted events and kept times and scores for each participant. Upon completion of all events, place winners were identified and results turned in to the director.

Equipment—Most of the equipment and supplies which were used to conduct various events and activities came from the school. However, involvement on the part of local businesses and organizations, in the form of donations, added greatly to the success and ease of conducting the Olympics. For example, helium to fill the balloons was donated by welding companies, traffic cones to use as markers came from the street department, fire hoses to outline events came from the fire department.

Special arrangements—Extra potty chairs were provided by other schools and a fenced play yard was made available with adult supervision. Volunteer elementary, high school, and college students assisted teachers and event leaders. Use of volunteer students is not new at ESGVS-MH. They have been in the school program for over six years.

When events were selected and explained, teachers signed up each of their students in two to four events. This was done about a month before the M-H Olympics to allow sufficient time for students to practice events with classroom and remedial physical education teachers. This practice observation allowed the teacher to place each student in either the high or low group for competition. Teachers were allowed to use behavior modification techniques, such as food, to encourage student participation if necessary.

The Third Annual M-H Olympic Events were run four times during the morning. A handout sheet was given to all teachers and their helpers which showed a diagram of the field and when each of their students was scheduled for various events.

EVENTS

Creeping Race—Students crept the length of a mat. Two mats were used side-by-side allowing two students to creep at a time. Total number of seconds was recorded.

Obstacle Course—Steps with handrails to go up and down; tires to step into; a tunnel to crawl through; a large plastic ball with two holes to crawl through; and a rope to follow to the finish line; total number of minutes and seconds were recorded.

Running Race—A 25-yard dash. Total number of seconds was recorded.

Tire Rolling Race—Students rolled a car tire 25 yards. Time was recorded.

Balloon Popping—Students, using a three foot long stick with a straight pin in the end, were given 15 seconds to pop as many balloons as they could. Balloons were attached to a flat piece of cardboard which was placed on the ground in front of them or held up before them. Number broken was recorded.

Clothespin Drop—Students kneeled or sat on chairs with a three pound coffee can on the ground behind the chair. They were given ten trials and successful drops into the can were recorded.

Tooti-bag Toss—Students sat on chairs either one or two yards away from a gallon ice cream container. Distance was determined by the level of ability. The number of successful tosses out of five was recorded.

Scooter Board Race—Students laid on their stomachs on short or long scooter boards. The total number of seconds it took to complete the course was recorded for each student.

Tricycle Race—All students were provided a tricycle according to their size and level of function. Time was recorded for each student.

A time schedule of the day's activities was printed and handed out. The list of events included the Parade, Opening Ceremonies, Symbolic Torch (stick with helium balloons tied to it), release of a number of helium balloons, M-H Olympic Events, picnic lunch, Maypole dance (under the direction of music therapist), and the Awards Ceremony.

These teachers found the answers to those "why not" questions through the M-H Olympics. Now it's your turn.

INTRAMURAL ATHLETIC PROGRAM FOR THE MENTALLY HANDICAPPED ADOLESCENT

JAMES STANISZEWSKI

The philosophy of Riverview School is that mentally handicapped adolescents, like their more able peers, are integral parts of society. Therefore their education should discover and develop those abilities which will ensure worthy contributions to and membership in that society. Permeating this philosophy are fundamental goals and purposes for all children such as ***self-realization***, ***human relations***, ***economic efficiency*** and ***civic responsibility***. The intramural program at Riverview School is designed to give educably mentally handicapped adolescents activities which are competitive in nature within the school setting so that each individual may be better able to cope with competition in society.

Riverview School does not offer interscholastic athletic competition. It is the school's philosophy to encourage better athletes to seek competition at their community schools as members of teams composed mainly of nonhandicapped students. The staff and administration make arrangements for these more able students to participate at their community schools if the individual desires to compete. In place of an interscholastic athletic program, a comprehensive intramural program is offered.

Recreation and social discipline are the core of the intramural program. The emphasis is to provide mentally handicapped adolescents with various activities that have social carry-over values, or lifetime sports so that each individual may become proficient in leisure time activities.

The intramural program is designed to give the students opportunities to apply skills they have acquired in physical education classes to competitive activities. Physical education, like the academic program at Riverview School, is individualized so that each student works at his own rate according to individual ability instead of competing with peers. Therefore the intramural program is the only competitive program included in the school's curriculum. The program is conducted during noon recess four days a week in fall and spring, and two days a week in the winter.

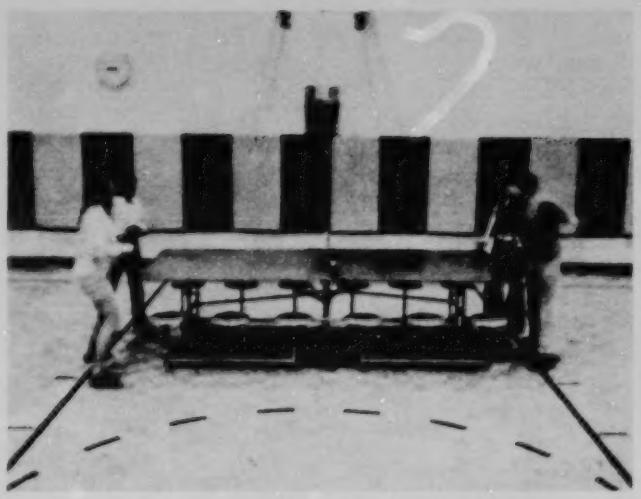
Students in the intramural program may compete in such team sports as flag-football, volleyball, or softball; individual sports like track and field; or lifetime sports such as bowling, table tennis, and badminton. Students are encouraged to participate in those activities which interest them.

The intramural program is divided into two divisions: intermediate (age 11-13 years) and junior high (age 13-16 years). Students compete within their respective divisions to determine champions and prizes are awarded to first place winners in each division.

Success of the intramural program at Riverview School is dependent upon on both faculty and student body. Faculty members have donated their time to organize and support various teams in their competitive efforts. The physical education department has been very cooperative in allowing the intramural program to use its facilities and equipment. Students have the responsibility of setting up and taking down equipment as well as officiating at various events and they have taken the initiative and have performed admirably with a minimum of adult supervision.

A highlight of the intramural program is a bowling league which is held during the spring on Friday afternoons. All students participate in the bowling program which is held off campus. They are placed on teams within their respective divisions and compete in league fashion similar to that of their parents. Handicaps for bowling are established according to the American Bowling Congress standards for junior leagues.

The value of this program is that it enables the mentally handicapped individual who demonstrates a skill to participate in a wide variety of competitive activities when given the opportunity and encouragement.



INTRAMURAL ACTIVITIES CALENDAR

Fall (September and October)
Punt, Pass and Kick (directed by the physical education department)
Flag-Football League
Girl's Soccer (directed by the physical education department)

Winter I (November and December)
Coeducational Volleyball League
Badminton (coeducational and by sex)

Winter II (January, February, March)
Boy's Basketball League
Girl's Basketball League (directed by the physical education department)
Free-Throw Tournament (by age and sex)
One-on-One Basketball Tournament (by age and sex)

Winter III (March and April)
Table Tennis (coeducational and by sex)
Bowling League (six weeks on Friday afternoons)

Spring (May and June)
Coeducational Softball League
Track and Field (directed by the physical education department)

JAMES STANISZEWSKI is intramural program director of the Riverview School, Manitowoc, Wisconsin.

An Awakening to Laughter

Joel A. Bloom
Director of Aquatics
University of Houston
Houston, Texas

The silence of the campus is suddenly shattered by the sound of laughter and exuberant voices. Ths impact announces the arrival of children at Camp Cougar, a summer residence camp conducted on the University of Houston campus. In 1973, the Texas Special Olympcs came to the campus and ignited an interest in mentally retarded children and their abilities. The idea for the camp arose from a combined effort of the university residence halls program and the local association helping retarded citizens. The enthusiastic attitudes and desires of mentally retarded children started thoughts about what could be done to inspire new experiences. The camp setting seemed a natural.

In 1974, the Denver meeting of *Project Aquatics* provided one of the sparks necessary for residence hall and university aquatics staff, specialists in the education of the retarded, plus some volunteers to get together and plan the initial program with swimming as the central focus. Their ideas were sound. They established a format which encompassed craft projects, music, sports, and field trips to local places of interest. In addition they planned campfires and an awards system. Once they had the outline of action, they needed campers.

Brochures explaining camp goals along with a few donated television spots got the ball rolling; soon 20 scholarships given by area businesses were available. These funds paid for the children's camp tuition, room, and board. The first one-week session with 65 campers proved successful. The format was functional and paved the way for additional experiences. More craft work was added in the second session and programs of physical activities were also enlarged.

Children functioned very well in the aquatics area so that emphasis was placed on learning multiple skills. The American Red Cross beginners outline served as a guide and a skill development ladder soon emerged. Prone and supine floating, in addition to basic locomotive patterns, were the focuses of activity. If campers did not achieve the beginning swimmer level, they received a participation award. Similar reward patterns were established in other areas and an overall feeling of success prevailed.

The three single-week camps established in the first year proved to be an ideal amount of time to expose the children to the gamut of activities without completely exhausting them.

During the first year, para- and quadraplegic children were included in the second-session program. For many, their experiences in the water and in the canoe were exciting moments of exploration in a new environment. Away from the pool, their world was enlarged by craft work, music, and painting.

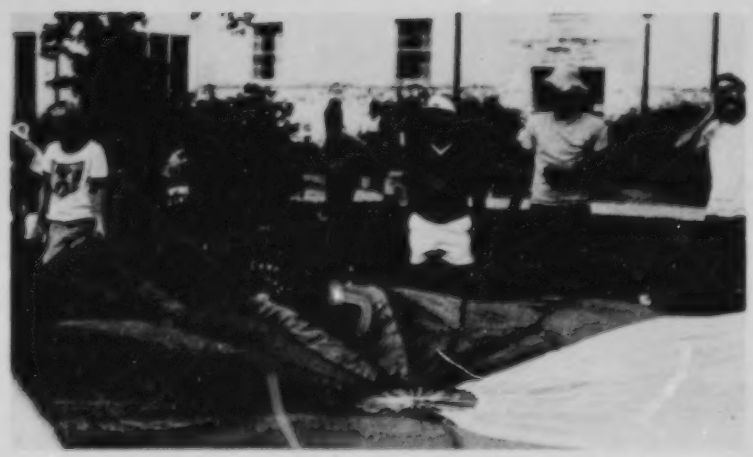
Music was essential in all sessions and the social interaction among all the campers gave children a chance to discover new aspects of their personalities. Children in wheelchairs and those who could dance, established a rapport through social evenings together. This led to a working relationship which enhanced each camp group. Words of the camp's purpose spread and members of Houston's professional sports teams came to the campus and spent some time with the children. The first year of adventure came to a close with interest developed.

The second year was planned to expand the experiences of the first. Again, more time was spent in aquatic activities since a definite pattern of skill development had emerged. A coloring book was designed as

a motivational tool and children were sparked by its intent. Skills were illustrated in the sequence they were to be accomplished. As children completed a skill they were allowed to color the corresponding picture. Three books were produced, each equated to a particular skill level the children could achieve. Beginning, advanced beginning, and intermediate levels were represented and Red Cross certificates were issued upon completion. Crafts were encouraged as were music, art, and drama.

The camp has served the needs of 255 children since its inception and the future looks brighter and brighter. They came in laughter and exuberance and shared movement experiences and human interactions. They leave sharing the camaraderie of friendship, warmth, love and look forward to another year at Camp Cougar.

...campers shared movement experiences and friendship...



GOODTYMES ENRICHMENT PROGRAM

Esther M. Dedrick, Consultant
to the GoodtYmes Program, YMCA

Summer, 1964, and vacation is at hand. Tom can go to scout camp and Jean to Y camp or else take part in any of the other outdoor activities scheduled during the summer. But what is there for John and Mary and all the other youngsters who suffer mental or physical impairments which prevent them from taking part in regularly scheduled activities? Summer months are difficult for the Johns and Marys and their parents. Special school class activities and contacts with student friends no longer exist. John and Mary face long days of inactivity without the pleasure of participating in programs such as those which Tom and Jean accept so casually.

The dreams of many of these special children became reality in the Longview-Kelso, Washington area in that year of 1964. This was the year that the GoodtYmes Summer Enrichment Program had its cautious beginning. It started with only two weeks of programmed activities designed to give youngsters with impairments an educational/recreational experience in a relaxed atmosphere which continued the learning stimulation provided during the school year by special education classes. Expansion of the program to four weeks was made possible in 1967 and 1968 by a grant from the Joseph P. Kennedy, Jr. Foundation. The program today is of six weeks duration with more sophisticated activities and professionally trained staff. John and Mary now have summer activities programmed for their special needs just as Tom and Jean do.

The GoodtYmes Summer Enrichment Program is sponsored by the YMCA of Southwest Washington and is a part of the Special Services Division. The staff includes professional speech, physical, recreational, and occupational therapists as consultants. The core staff, which is composed of the unit leaders and their program staff aides, attend a college level workshop for training as a prerequisite for employment. Funding for the program is provided by federal, county, and state grants in addition to YMCA support and contributions from community groups and individuals.

Preschoolers to young adults are participants in the sessions. Impairments encountered range from moderate to severe, both physical and mental. Emotional disturbances, brain damage, cerebral palsy, sight impairments, hearing impairments, mental and physical impairments caused by accident, disease or birth defects, learning deficiencies, social deprivation — all of these are found among the participants. Many suffer from multiple handicaps. Referrals to the program are made by members of the medical profession, therapists, school counselors, and other agencies who have contacts with those needing such a program. A trained volunteer staff assists the core staff so it is possible to work with the participants on a one-to-one basis.

The age and ability of the individuals attending determines their placement in units as well as the activities in which they will be involved. For the very young and severely impaired, the teaching of one or two words or sounds or actions may be a major accomplishment; for the older, more skilled participants planning and preparing for their own group activities may be involved and, perhaps, they may also assist with the youngsters in one of the other units. Every effort is made to integrate GoodtYmes participants into on-going YMCA programs. Children from regular YMCA programs have also taken part in activities scheduled for GoodtYmes enrollees.

The basic objectives of the 1974 program were to improve communication skills, work on gross and fine motor skills, and improve practical living skills. The general program was structured as an educational/habilitation program, providing stimulating activities embodying these objectives. The atmosphere is more relaxed than in the special school class program but the objectives are the same — to provide stimulation and to maintain the learning process so the young people will not regress during the vacation months. The goal is fun as well as fundamentals. Weekly evaluations were made and a final tabulation of skill growth made at the close of the program.

A therapy team approach makes maximum use of the professional therapists who serve as program consultants and who assist with staff and volunteer training. Therapists evaluate the participants with problems, prescribe programs, and train staff members from each unit to carry out the programs prescribed for the participants in their unit who need them. These core staff members, in turn, train the participants' counselor to carry out the prescription. The professional therapists check with staff members about the progress of the participants and make changes in the prescribed programs as needed.

This approach makes it possible for more children to receive therapy time and the professional therapists are able to develop and supervise prescriptions for more individuals. The consulting therapists who take part in the program work with many of the young people during the school year and are, therefore, able to continue the programs which they had developed. The director of the GoodtYmes program works closely with the director of special services of the public schools and the classroom teachers, and also with the director of a private school which serves the severely impaired as well as preschoolers. Thus it is possible to receive background information on all participants, which makes for more successful development of activities.

Ilene Ackner
Recreation Consultant,
New Jersey Association for Retarded Children,
New Brunswick, New Jersey.

Have you ever jumped in a haystack? Grown paper flowers? Explored a multi-sensory maze? Flown a kite? Blown bubbles? Painted a mural? Petted a lion cub? Shaved a balloon? These are just a few of more than 100 activities in which 2,000 mentally retarded children and adults participated at New Jersey's first Hand-in-Hand Festival last May. The big event came off on schedule on the campus of St. Joseph's High School (Metuchen) with 6,000 volunteers from 14 counties.

Hand in Hand

Founded by Brother Patrick Breslin, chairman of the physical education department at St. Joseph's High School, Hand-in-Hand was based on the highly successful One-to-One Festivals held for several years in Central Park, New York City. The basic purpose was to provide a day of fun, activities, and social contact for mentally retarded people of all ages. Food and beverages, given through the courtesy and good graces of Burger King and Swift Ice Cream, were served by hundreds of volunteers.

A great many students preparing for jobs as municipal recreators were on hand. Their reactions were quite encouraging for those who advocate public recreation for individuals with various handicapping conditions.

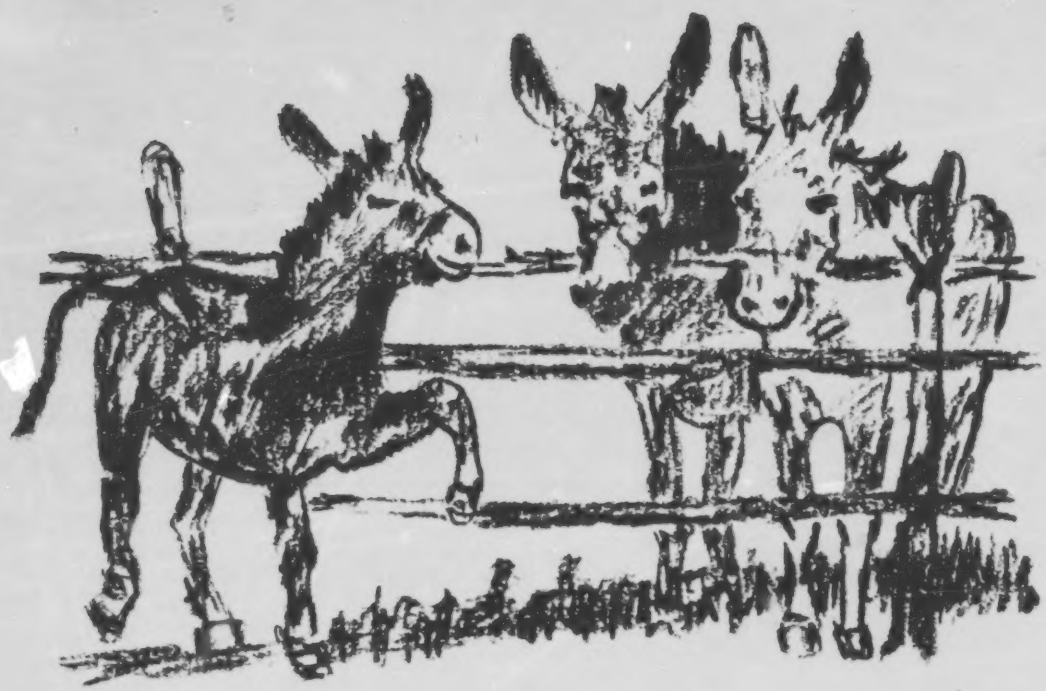
One Fairleigh Dickinson junior who organized an activity for low-functioning retarded children indicated that she "would definitely want to initiate more programs for the handicapped." A student in the recreation and leisure curriculum, she added that recreation for the handicapped "is a new idea for me because I've never seen it done by the recreation department in my home town."

Many of the students who had not worked with mentally retarded children or adults before the festival found themselves pleasantly surprised. They had not thought they could work with mentally retarded people — the festival showed that they could very effectively.

Another volunteer whose Sesame Street puppets received several hundred visitors during the day was "surprised by the children's ability to react normally. They knew what to do, how to play with the puppets, and they exhibited curiosity like 'normal' children!"

When asked to sum up their reactions to the Hand-in-Hand Festival, most students mentioned how gratifying it was to see those kids enjoying themselves. Yet the mentally retarded participants were not the only ones who enjoyed themselves. It was best put by a junior from Montclair State College specializing in therapeutic recreation. "The main feeling I took away from this fantastic event was that both the mentally retarded and the volunteers benefited equally."

She was so right. Come May 17, 1975 Hand-in-Hand will encore and be bigger, better, and more beneficial.



THE THERAPEUTIC VALUE OF DONKEYS

by J. M. GOODRICKE

I OWN two donkeys. Muffin, a grey, very placid, and reliable donkey with a typical dark brown cross on her back was born and broken in Victoria. Piccola, a dainty, dark-chocolate donkey, rounded up from Northern Territory, was terrified of absolutely everything—even a carrot in her food—when she arrived in Tasmania. When Piccola realized that there was another side of man besides one who chased her with dogs, beat her in and out of trucks, and took her on noisy and frightening journeys, she became most affectionate and keen to please, even though she still had moments of caution.

Shortly after buying the donkeys Muffin produced a foal. This was marvelous as I was able to handle the foal from the day she was born. She soon learned to lead, to have her hooves picked up to be cleaned, and to load into a donkey float. She became so affectionate that she made a strange noise almost like a purr when she was fondled.

Donkeys are very adaptable. If a person has plenty of patience he can introduce them to almost anything. Although donkeys may hesitate at first, they accept new situations quickly and little reteaching is necessary.

I bought these donkeys because I work with mentally and physically handicapped children at the Royal Derwent Hospital. I soon found that other qualities possessed by these donkeys made them ideal for work I planned for them. They enjoyed human company and would stand for hours lapping up all the petting and attention they could get. When handled correctly from the start, donkeys do not bite or kick. They are very docile and have a steady walk so children soon gain confidence in being near and riding them.

As soon as Piccola had learned to be led and to load into the float, I took the three donkeys to the hospital. I introduced them first to children at the special school within the hospital grounds. These children gained confidence most quickly and enjoyed the donkeys' presence most. Many of those in the wards—the more severely retarded and younger children—were afraid of the donkeys or showed no interest at all in them; but even this gradually changed. These children stood at a distance, came forward one at a time with some trepidation, needed some help in mounting, and much persuasion to give Miffin a tid-bit at the end of a ride. After four visits, one could hardly see the donkeys for children crowding around them! Many were quite proud of the fact that they mounted all by themselves—what a stimulating experience!

Other therapeutic values have been observed. Riding requires balance and confidence in sitting on a moving object—how about tight adductor muscles that are stretched when legs are astride the saddle? Although we still lead Muffin when each child rides, some have been able to learn to control her on their own. This has built self-confidence and enables them to experience the thrill of achievement in doing something a little more difficult on their own.

The children often ask when the donkeys are coming again. During the winter it has been too cold for children to come out of heated wards and wait to take turns for rides. By next spring the children's experiences will be broadened as Muffin is being introduced to harness to pull a jinker and Piccola is also being trained to give rides.

The author, J. M. GOODRICKE, is associated with the Royal Derwent Hospital, Victoria, New Norfolk, Tasmania.

Family Togetherness

Family Resources Services is a new program developed by the Pennsylvania Department of Public Welfare to provide various types of assistance to families of retarded persons. Its major objective is to help mentally retarded individuals remain with their family rather than live in an institution or in some other living arrangement away from loved ones.

Although the program is designed primarily for families which have a mentally retarded family member at home, it is intended equally for adoptive or foster parents of a retarded child; adults who are responsible for providing a residence for a retarded person in the community, such as a brother, sister, or other relative; and parents of an institutionalized mentally retarded family member who would be willing to provide home care if supportive services were available. In addition, the program indirectly benefits adult retarded persons who are living independently in the community, although it is geared more for family support than direct assistance to retarded persons.

Family resources services are made available through grants to county mental health/mental retardation programs. Services are provided on the basis of community needs and in most cases use existing agencies and programs for implementation. Where certain services are not available, they can be requested by families with specific needs.

Types of services offered under the Family Resources Services Program are: respite care, family aid, homemaker services, recreation, transportation, in-home therapy, and parent training. The recreation programs allow the retarded person to experience regular community leisure-time activities and increase ability to participate in these activities independently. The family benefits by having periods of relief while knowing that the retarded family member is well supervised and is engaging in wholesome recreational activities.

Approximately $2.3 million has been earmarked to the county MH/MR programs by the Public Welfare Department for these services, and it is projected that 22,000 persons will be served by the program during the current fiscal year, an average of 96 cents per person per day. *Note.* Additional information about this program can be obtained from Office of Mental Retardation, Department of Public Welfare, P.O. Box 2675, Harrisburg, Pennsylvania 17120.

FAMILIES PLAY TO GROW

Families Play to Grow is a way for special children of any age to enjoy a regular program of play and sports with their families, classmates, and friends. You and your special child take part in 30 hours of physical activity over a period of three months or less. Any kind of sport or game counts. You can walk, run, dance, swim, hike, or play ball together – at home, at school, at a residential center. The important thing is to do it regularly – as a family – with love.

You can get a ***Families Play to Grow*** kit consisting of ***The Family Play Manual,*** Family Play Calendar, and ten Family Play Guides to favorite sports, games, and activities by writing Closer Look, Box 1492, Washington, D.C. 20013, or to Eunice Kennedy Shriver, Joseph P. Kennedy Jr. Foundation, 1701 K Street, N.W., Washington, D.C. 20006.

Everybody's Playground

Kathleen Murphy-Wiese, playground supervisor
Ronald F. Barna, program coordinator

The Orlando (Florida) Recreation Department found that it takes many hours of volunteer work, extensive community involvement, and a strong coordinator to set up an inexpensive recreation program for children who are physically, mentally, or emotionally unable to participate in a regular recreation program. The only special equipment needed was a ramp and a city pool.

In March 1974, the Orlando Recreation Department began planning a pilot playground program for handicapped children to be conducted during July. The goal was to provide a setting for maximum interaction between normal and handicapped children, while providing recreation for both.

The Recreation Department contacted the Volunteer Service Bureau, local youth and adult service clubs, teachers from schools for the handicapped, several churches, and organizations for exceptional children. Through letters and meetings, the proposed project was explained, and its possibilities often illustrated with the film *Outlook Nashville*, about a similar volunteer-run project in Nashville, Tennessee.

To solicit volunteers for the playground, teachers and church volunteers visited schools, colleges, and YMCAs. An Orlando newspaper cooperated with articles in the volunteer and local feature columns. Local radio and TV stations provided time to request volunteers, and the local public service station filmed a 30 minute special, *Playing Up Hill*, which was broadcast twice in June.

To reach handicapped participants, volunteers left applications at each of the city's six schools for handicapped children during the month of May. Applications requested certain vital statistics, doctor's signature, and comments on behavior. The form was probably not specific enough, since many parents gave no physical or behavioral comments. All parents were phoned and registrations confirmed.

Most of the 30 participants were six to ten years old and mentally handicapped. Eight children had physical disabilities, two were blind, one was deaf, and two were autistic. Nearly half of the participants came from Orlando's Sunland Training Center, a state hospital for physically and mentally handicapped individuals. Se-

ven, from Harbor School for Learning Disabilities, came as a class with their teacher and aides.

The playground program was conducted at Orlando's Princeton School and playground. A strong playground program for non-handicapped children was already located there, and a heated pool and classroom were available. The playground area had a large open sandy lot, two softball diamonds, a tot lot with play equipment, and a playground shelter. The classroom provided an area free from distractions and shelter from inclement weather, plus an essential toilet and sink. The fire department across the street offered their services in case of an emergency. Materials for the program were gathered by various groups, the Recreation Department, and friends, since funding only provided for the supervisor's salary.

Our first volunteers were four elementary, eight junior high, three high school, and five college students, along with three handicapped high school graduates, three teachers, two teacher aides, and a nurse. The junior highs were the most enthusiastic and involved. High school and college students were interested, but few could volunteer because of summer jobs and classes. The elementary students grew in number when the regular playground participants began to join in with our program.

For training, the American Red Cross ran a five-day, ten-hour session for swimming aides. All volunteers should have attended, however, since all eventually helped in the pool. Aides were taught how to approach a handicapped child to assist in developing basic swimming skills. Training for the playground was held in four evening sessions of two hours each. Each evening's program offered a new panel of speakers representing educational, medical, social, and family aspects of handicapping conditions.

The playground program was scheduled Monday through Friday from 9:00 AM to noon as follows:

9:00—Acclimation activity—they colored, cut and pasted, finished a craft project, played in the tot lot, made a rhythm band, or just sat and talked.

9:30—Half of the group went to swimming lessons and the others played games; circle games worked the best.

10:15—Groups switched places and activities were repeated.

11:00—All were out of the pool for arts and crafts until parents arrived at noon.

Games were played in open areas and any onlookers were invited to join us. Often, they would look on for a day or two before slipping into the circle. Older children would help prepare projects in the afternoon. Before long, they would begin timidly asking questions about a specific child they had observed. We would discuss that child's problems and behavior, and others with similar problems. They would usually be seen helping that child the next day.

Despite the staff's initial apprehension participants, with a volunteer, were free to join in activities on the regular playground when they wished. One day Todd headed for the bumper pool table and asked, "Me play?" One child said, "No, someone else has it next," to which his partner replied, "No they don't. You can play with me next and I'll teach you the rules." All fears were alleviated.

Egg carton waste baskets were a long term project. One kid on the regular playground found out, and volunteered to bring the wastebasket she had made in Brownies and help us make them.

This was the kind of involvement the supervisors wanted, so they talked with her about the differences between these children and herself. The next morning, seven-year old Marie explained, demonstrated, and helped everyone to start their wastebaskets.

The first special event with the regular playground was Water Day. Everyone wore swim suits and had sponges to throw. Handicapped participants, especially those from the Training Center, were confused by adults who encouraged them to squirt people. But once they decided it was all right, they were running to refill bottles. Stuart had always needed someone to hold each hand so he could walk, but on Water Day he ran alone to squirt his ward supervisor. He walked alone from then on.

The second special day was a picnic at the tot lot. Everyone brought sandwiches, and the local Coca-Cola bottler supplied the drinks. Looking across the area, there was just one big group of kids, with no obvious division. The next week there were even more volunteers from the regular playground.

Another special day was a trip to the fire station, complete with sirens and a display of the hook and ladder truck.

The final day was a pool party with awards and cake for all. Two TV stations and the local newspaper were present. One TV station ran a five-minute special on the evening news, which will be used for pre-program publicity next summer.

In evaluation, we decided that training should start with a film of a recreation program for handicapped individuals. From there we should run through the daily schedule, testing the schedule and familiarizing volunteers with the format. All games should be played in advance to ensure consistent rules; crafts should be displayed, explained, and tried. Transportation difficulties should be worked out ahead of time.

Overall, we consider our program a success. The community was ready.

Adapting Areas And Activities for Recreation

Bob Cipriano is in the Department of Human Kinetics and Leisure Studies, George Washington University, Washington, D.C. 20052.

When one discusses adapting areas and activities for recreation programs, four concepts are immediately significant. First, a recreation leader must be aware of where the participant stands on the continuum of acquired skills. He can then take participants from where they are to where they want to go. In the case of a disabled or handicapped person, the leader wants to help the participant achieve specific treatment goals.

The second concept is that, in a recreation setting, activities are merely tools that a leader has at his/her disposal. The recreation leader starts an activity program so that fun, success, and a sense of accomplishment are built into the program.

The third concept of which the leader should be aware is that any activity can be adapted to meet the needs of all participants. Major limitations are the leader's own inventiveness and personal commitment to serve all segments of society.

The fourth concept is that materials which are adapted (rules, space, supplies, and equipment) should be done in a developmental and sequential order. Activities are built upon skills that participants have already mastered. Therefore, activities offered have a higher probability of being successful with participants.

When one analyzes these concepts, it is apparent that all are leadership techniques that have proved valuable to recreation leaders for a number of years. A recreation leader should understand that all four concepts may, and probably will, take place simultaneously.

An example application is specific adaptions for volleyball for senior citizens, such as:

Lower the net from eight to six feet or any height that affords participants opportunities to gain maximum benefits.

Make the playing court smaller.

Adapt the volleyball itself by substituting balloons, nerf balls, bladder balls, etc.

Adapt the rules by using newcomb, elementary newcomb, bounce newcomb, no serve, etc.

Have participants play only a certain position on the court.

Mainstreaming: Preparation in a Municipal Recreation Department

Somehow the thought of integrating the abnormal the different, with the normal segment of society stirs visions of green-eyed monsters and highly complex problems beyond man's intelligence. Actually, man's ability to cope is limited only by his fear of the unknown. This fear is what most cripples well-intentioned efforts to mainstream impaired, disabled, or handicapped individuals, particularly those whose condition is not visible, such as mentally handicapped persons or people with hearing impairments.

In an attempt to lay a firm foundation for a successful mainstreaming effort in the District of Columbia, the Department of Recreation began a training program aimed at overcoming the fear of the unknown. A series of four one-day orientation workshops designed to give community recreation workers an opportunity to experience being impaired were held last spring. Each participant was artificially impaired in some way—blindfolded to produce blindness; used specially made glasses to create the illusion of perceptual problems—and then the recreators actively participated in the workshop. Activities included eating lunch, viewing a film, playing basketball, reading braille, and a host of other recreational and daily living situations, all done while "impaired."

Responses from recreators were very encouraging. Many openly admitted they were afraid of dealing with special populations and had actually avoided contact as much as possible. Most concurred that they now had a much deeper appreciation of what it is like to be impaired and expressed a strong desire to continue the training.

The Department of Recreation is planning to continue this program through a series of in-depth workshops, each dealing with a specific handicapping condition. Workshops will provide medical and psychological findings and information relevant to each condition. In addition, each will demonstrate ways through which a community recreator can integrate impaired, disabled, or handicapped people into regular programs without a lot of expensive equipment or additional staff.

Developed and conducted by: Faith A. Yiengst, Chief, Training and Development; Helen J. Hillman, Director, Program for Mentally Retarded and Physically Handicapped; Melvin Ford, Director, Mental Health Program; all D.C. Department of Recreation staff.

Moderately and Severely Retarded

Individual Personal Instruction Plan

Basic Physical Skills for Profoundly Mentally Retarded Children

Sarah A. Whalen
Sunrise School
550 Aura Drive
Monroeville, Pennsylvania 15146

What does a teacher do for physical education with profoundly mentally retarded children—consider a regular physical education class with approximately five to seven of these children. The students in one such class had a variety of problems. Some had cerebral palsy; they seldom talk or communicate. Some have impaired vision and hearing; there is little eye contact. Many of the students do not play or seem to be aware of others in the room. Attention spans are short and hyperactivity is commonplace. Some students are physically impaired, some not toilet trained, and many cannot follow spoken directions.

These children need physical activity in a planned, progressive program to help them enjoy group play. Introduction of basic skills should be the first step because these students cannot participate in a group until they are able to follow instructions and perform basic movements like sitting, standing, rolling, crawling, catching, climbing, and so on. The Individual Personal Instruction Plan (IPIP) was developed for these students because it offers many possibilities for progress and success in basic skills. The following IPIP program was the result of efforts and ideas from many people.

Fourteen basic skills were selected as terminal behavioral objectives, each one altered according to the student's individual capabilities. Lead-up steps were established as intermediate goals leading to the terminal objectives. Different methods to obtain objectives were tried with varying degrees of success.

A pre-test was devised including each of the objectives and a course was laid out in the gymnasium. Although the skills have been sequenced, their validity has not been verified. A profile of each class was made (individual profiles can also be kept). Weekly Prescription Forms for each student helped aides and teachers work with each child on a continuing basis in sequential order.

Examples of Terminal Behavioral Objectives

Sitting—Given a signal (spoken, visible, or physical direction) the student sits on a chair or the floor. Hands can be used to maintain balance. Hold the position for at least 30 seconds.

Pillows or a wall make good supports for the back until muscles are strong enough to hold the student upright. Sitting cross-legged with arms stretched out in front to maintain balance is also useful to attain this objective.

Standing—The student stands in one spot with feet spread four to eight inches apart on a given signal. Braces may be used. The position should be held for ten seconds.

Any means to keep balance is valid, such as holding on to stall bars, wall, parallel bars, or aide until the student can stand without help for the required time. For younger children, standing in a barrel with cushioned sides is useful.

Rolling—On signal, the child does a log roll along a six by eight foot mat without rolling off the side. Tuck arms close to the body or extend them overhead.

Roll the student in a blanket and then unroll while kneeling beside him or her. If necessary, help the student roll by pushing, or use an inclined mat and board to provide downward momentum, or place child in a lined barrel and roll the barrel.

Crawling—Student crawls on hands and knees for ten feet on cue. The objective is to use a diagonal (cross pattern) hand and knee action.

Place a towel or foam rubber belt around the child's chest so supervisor can lift child into correct position; Many students become frightened by a larger person standing above or behind them, so teacher could kneel beside student and guide hands and knees through the crawling sequence.

Walking—Pupil must walk the length of the gymnasium (cross pattern hand/foot action is required).

Use the same lead-up steps as for standing, but hold the child under the arms while walking in tandem or pushing his feet ahead. Give as little support as possible since children tend to let you do the work. Shifting body weight to one leg often automatically brings the opposite foot forward. Gently pushing the student forward in the step also promotes this reaction.

Running—At a signal, the student runs 30 feet without stopping, within 15 seconds.

Race with an aide who holds the student's hand and encourages him/her to run; use of rewards has been rather successful. If student is aware of other people, chasing can also be effective

Climbing—The pupil is signed to climb three rungs of a ladder. Prompt student by touching the proper hand or foot to be moved; cross pattern hand/foot action is required.

Aide places student on his knee and boosts; then climbs up in front or behind student enclosing his/her hands with his own.

Hopping—The objective is to hop on one foot once or several times. Balance must be maintained on one foot for five seconds.

Use a chair to help retain balance on one foot until child can hop without help. Use a jump rope put around student's ankle with the other end held over student's shoulder. Aide or teacher balances child with other hand. Student can hold own foot or put it down.

Balance beam—At a signal, student walks across a six inch by ten foot balance beam that is at least ten inches off the floor. Task is done in no less than five seconds.

Walk along the beam while it is on the floor as one lead-up step. Place two beams on the floor to make a funnel effect so that space between beams becomes narrower as student walks through. Another effective method is to have student hold someone's hand who slowly decreases support.

Throwing—With a partner, student throws a ball overhand at a target ten feet away and hits within five feet of either side of the target; cross pattern movement is required.

Squeeze yarn balls; hold ball just behind ear and throw it up and forward. To counteract throwing the ball down, suspend a bright object above the student's head and have him/her throw at it. To avoid chasing balls, tie a string to a wiffle ball and to aide's wrist, the student's wrist, or to a wheelchair, then pull the ball back after it has been thrown. This is helpful for those physically unable to chase a ball.

Catching—With a partner, student demonstrates ability to catch a thrown ball by catching five out of eight tosses. Partner stands eight to ten feet away. Any playground or plastic ball can be used.

Get student's attention and throw ball only when he/she is looking. If child will not look at you, throw bean bags or yarn balls gently at his/fifi fifi fifi fifi fifi fifi fifi fifi fifi Another person can help by moving pupil's hands to ward off objects.

Dribbling—Student dribbles a ball five more times than on original attempt. Use fingers rather than palm of hand.

Good results have been obtained with a large (18 inch) playground ball if the teacher takes the child's hand and dribbles with him or her.

Leaping—Child takes a running start and leaps over an 18 inch high barrier without knocking it down. One foot leaves ground first and leads the other over the barrier.

Use ropes, wands, and traffic cones in lead-up process. Not much success has been experienced with this objective.

Skipping—On a signal, the pupil skips the length of the gymnasium without breaking stride.

This objective has been unattainable to date.

Many Approaches Will Achieve the Objective

There are many reasons for success or failure and often they are guesses. Many factors, such as children's moods, medicines, changes in temperature, and surroundings, all affect performance. This program has given us an idea of what to expect and an order of sorts. Sequencing, however, is of little value since some crawl and do not roll, others walk but do not crawl. Most who catch do so before they will throw which is inconsistent with most progressions.

Hopping was not a good skill for one group because it is a higher level skill than they had attained. These children did not like to lose contact with the floor. Although skipping and leaping are higher order skills, they were not eliminated from the program because some children will work more intently on these skills next year.

The IPIP worked well with some children since it gave them a progressive plan to improve their physical skills. If a teacher can determine students' basic needs, establish and sequence appropriate terminal objectives, then test the students, a program similar to this one will evolve. There is no one right way to accomplish each objective—many different approaches will achieve the same end. All physical education teachers can work out programs of Individual Personal Instruction to help profoundly retarded children enjoy physical movement, and develop an interest in play with other children.

Standing in one spot for 30 seconds.

WHAT IS INCLUDED IN PLAY?

This program of cooperative play is divided into ten separate but closely related areas:

1. *Adjustment period* — takes place daily in a small, empty room. Initially, a majority of allotted play time is used to enable the child and adult to establish a relationship which is friendly and trusting. The adjustment period sets the tone for future play periods. Greet the child by name as he enters the room, put an arm around his shoulder, smile, and rev ard him with edible tokens. Soft background music helps stimulate an informal, relaxed atmosphere.

2. *Contact play*

a. First phase — touch parts of the body (touch your nose, my nose).

b. Second phase — increase activity by using small game play — stack hands, arm wrestle, keep away. The object is to encourage grasping and/or body contact. Use games like "Which Hand Has the Candy" to develop eye contact. Hugging and tickling are appropriate at this stage.

c. Third phase — introduce strong body contact with floor play. Roll on mats, jump on innertube or mini-trampoline, take hold of hands and walk on various even and uneven surfaces. This will develop confidence and balance.

d. Fourth phase — introduce more physical activity. Challenge the child to run away from you while you try to catch him. Then reverse roles. Reward and reinforce as necessary. Roll a ball toward a bowling pin at the end of the room and have the child return the ball by rolling it himself.

3. *Noise play*

a. Toy and noise stage — introduce a toy which makes a noise in a small room where there are no other distractions or other stimuli. Toys such as animals, boats, fire engines, telephones, clocks, musical dolls, or marching soldiers can be used at this stage.

b. Noise, toy, and picture stage — initiate play in the same manner as the toy and noise stage but introduce

slides of real objects associated with the toys. Include a cassette or record of actual sounds made by these objects. This gives the child three sensory motor inputs: visual from the slide, auditory from the cassette or record, and tactile from the toy itself.

4. *Tactile/texture play* — introduced in the same manner as noise play with sequential associations of object and sound, sound and picture, and object in the environment.

a. Body image

- Object and sound — feel textures of various body parts and continue with such relationships as hands — clap, snap fingers, scratch, or rub; feet — stomp, skip, walk, run; mouth — talk, sing, whistle; and nose — blow, sniff, breathe.
- Object, sound, and picture — project slides of body parts. Use various colors and lengths of hair, realistic male or female dolls, or pictures of body parts.
- Object in the environment — introduce pictures of self-care along with records of the unique sounds involved. For instance, washing hands, brushing teeth, or eating.

b. Environmental objects

- Object and sound — provide samples of various textures such as brick, rubberband, or feather and have a recording of sound associated with each. Have each child differentiate between various cloths or different substances such as dirt, sand, and snow.
- Object, sound, and picture — project pictures in slide form on a wall and use sounds associated with each object.
- Object in the environment — take the child to areas where he can see and feel various textures to associate with various samples he has in his hand. Possibilities would include pet shops, construction sites, wooded areas, and department stores.

5. *Mirror/shadow play*

a. Three-way mirrors

- Use concrete experiences and tangible forces — put hat on child's head in front of mirror. Then have him clap hands or hold a toy while looking at the leader's image.
- Use a full picture of each individual pasted to the center of the mirror. Have each child associate his picture with himself to develop his own self-image.
- Imitate movements in mirror — raise hands high or low, make different faces, place arms and legs in various positions.

b. Silhouettes — use flashlight to profile objects such as a spoon or a shoe, to identify body parts, or to identify objects such as a star, dog, or rabbit.

c. Outside environment — identify animate and inanimate objects of different size, shape, and position at various times of the day.

6. *Self movement play*

a. Imitation of movements — includes hold hand up, tap head, stand up, sit down, roll on mat, or crawl under table. Expose the child to a variety of shapes and sizes as well as surfaces, textures, and heights.

b. Introduce equipment

- Mini-trampoline, bounce board, innertubes, tires. Jump and bounce from different positions such as standing or sitting, on back or stomach.
- Stairs — climb stairs and jump off from varying heights.
- Mat play — use individual stunts such as the crab walk, frog leap, or leg roll. Partner play such as the wheelbarrow can also be used.
- Circles, ladders, tires, balance beams, scooter boards, and chinning boards can also be utilized.

7. ***Water play*** — as with other areas, water play is approached with three phases: water and sound, sound and picture, and water and the environment.

a. Small familiar bodies of water — sink or dishpan. Listen to running or dripping water. Play in water with hands using sinkable objects such as marbles or rocks. Incorporate objects that float such as poker chips. Splash water on different parts of the body.

b. Large, less familiar bodies of water — introduce larger containers for vigorous types of water play using pictures and sounds to acquaint the individual with, and lessen his fears of, this new type of play. Take pictures of children playing in various environments to present as a slide presentation. Show various activities involving a hose, sprinkler, wading pool, creek, pond, and lake.

8. ***Object play***

a. Hand play — finger painting on easel, juice cans, or paper. Play with rolling pins or tinker toys.

b. Small object play — use toy boats, gas stations, trucks, matchbox cars, and puzzles.

c. Large object play — use model trains, weighted punching bags, slides, swings, bikes, and tents.

9. ***Sand/mud play***

a. Sandbox — use sand toys to build hills, tunnels, roads for matchbox cars. Add water to sand for moisture. Make lakes by putting water in bowl and building sand around it, adding plastic ducks to float on water. Then add trees, scenery, boat landings.

b. Muddy soil — use baking utensils, measuring spoons, and other kitchen items to make mudpies. Plant seeds.

c. Outdoor environment — bury feet/legs in sand or muddy areas. Build sand castles. Play in trees.

10. ***Animal play*** — introduced with toy and sound, sound and picture, and association in the environment. It is important to have a child work up to the live animal stage gradually so that he will be able to treat the animal kindly.

a. Furry toys — rabbits, kittens, ducks, chicks.

b. Water animals — goldfish, frogs, turtles, pollywogs.

c. General — cows, horses, lambs, hamsters.

d. Insects — flies, lightning bugs, June bugs, and grasshoppers.

Philosophy in Action

A once abandoned warehouse a short distance from the famed waterfront in St. Thomas, Virgin Islands houses eleven severely retarded, handicapped children who are discovering the wonders of learning. While luxury liners disembark tourists nearby, these children learn to play, sing, and call each other by name. This is the Virgin Island's only private day care center for severely afflicted children. Operated by the Parent's Association for Handicapped Children, with the help of five VISTA volunteers, the center provides training and health care for its occupants. VISTA (Volunteers in Service to America) is part of ACTION, a national program to help communities fight poverty.

Stressing a one-to-one relationship between staff and children, the center runs morning sessions five days a week. On three mornings the volunteers work with younger children. Older children attend on the remaining two mornings. During the afternoon volunteers, in groups of two, visit homes of other children where they check on health, help with therapy, and give basic academic lessons. About 16 families are visited each week.

At the center, mentally and physically handicapped children follow a curriculum designed to improve sensory and motor skills, enable them to communicate and interact with each other, and ultimately to perform basic skills. For example, at the end of three months, one-fifth of the children should be able to demonstrate improved eye-hand coordination by properly using puzzles, coloring books, or beads as normal three to five year olds would. After ten months, half of the children are expected to show ability to greet people by name or relate a personal experience. Sessions are not strictly structured — many basics are taught through games and music. A donated banjo brightens lessons in coordination as children clap in time and take turns strumming.

On occasion, the center's routine is broken as children and volunteers depart on a favorite adventure — a field trip. Such a trip is likely to end at picturesque Megan's Bay where the children mingle with tourists while playing in the sand and surf.

Help for the center comes from many sources in the community. Volunteers themselves make sandwiches for lunch and a local bakery donates bread and cookies for a morning snack. A dairy donates milk and local shops supply materials for arts and crafts. In addition, St. Peter and Paul High School grants academic credit to students who help with home visits and activities at the center. For example, seven boys from the high school recently cleared an area and are constructing a playground.

Local agencies also assist the center. The Division of Maternal and Child Health and Crippled Children Services and the Division of Mental Health provide health care supervision, training, and consultation. Guidelines and consultation on program development are provided by the Child Welfare Division, Department of Social Welfare.

Note: At a time when much emphasis and discussion are given to interdisciplinary activity and multiagency cooperation, it is heartening to find communities where philosophy and principle are put into action — not remaining hollow sermons of lip service.

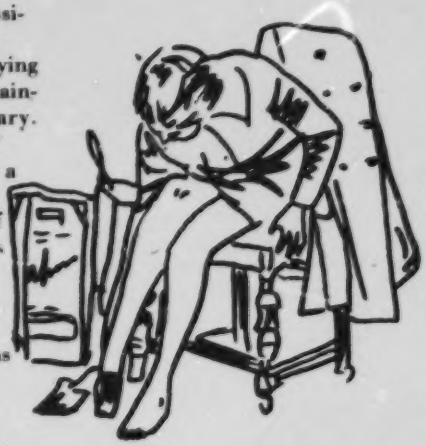
Skills for Living

therapeutic recreation and learning

RUTH EGEL is a community mental health worker, Chicago Board of Health, Lakeview Uptown Mental Health Center, 901 Montross Avenue, Chicago, Illinois 60626.

Therapeutic recreation should teach skills geared to helping retarded individuals live life more fully and become self-sustaining and self-respecting members of society.

The line between what is recreation and what should properly be considered education is extremely arbitrary. Recreation is generally associated with pleasurable endeavor. Therefore it is not quite as necessary to life as the more pragmatically colored education which is often thought of as work and essential if one wants to succeed in life. Actually, both recreation and education provide experiences ***essential for the fullest realization of an individual's potential.*** Perhaps the most universal differentiation between the two is that we are usually free to take part in recreational programs while we are ***required*** to be exposed to a certain amount of education. However, we should be more aware that in education the best learning takes place when there is emotional involvement, enjoyment, and a willingness to participate. Just as it is possible to learn order through rules of a game and cooperation through team play, it is also possible to experience satisfying creativity and freedom of expression in education. Thus I maintain that separation of recreation and education is arbitrary.



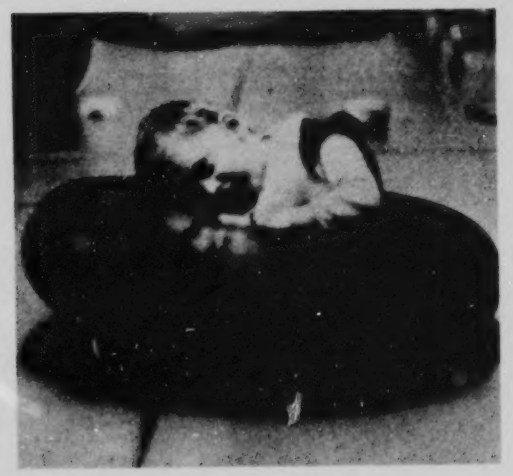
We know that mildly retarded individuals and persons of borderline intelligence can be successfully taught to achieve a reasonable degree of independence, learn social skills, and attain the ability required for daily living. Yet this sector of our population has, for the most part, been deprived of this basic preparation for life because of various obstacles. They face such problems as:

- lack of appropriate schooling
- little patience or understanding by parents or guardians
- rejection or overprotection because of retardation.

In addition to the failure of some educational institutions and families to prepare mentally retarded persons for life, sheltered workshops, by over-emphasizing work, have neglected to consider the need of these people to gain skills for living. These people need to develop such skills as:

- homemaking and home management — helping parents when living at home, cooking simple meals and understanding good nutrition, cleaning house, shopping for food; and budgeting funds.
- cleanliness and self-care
- baby care
- effective verbal communication to facilitate discussion of problems and motivate social interaction through self-awareness and awareness of others.

But where can group guidance be found to assist in developing such skills? Here is the opportunity for workers in therapeutic recreation to approach problems of today realistically, to realize their stated aims, namely, to ***provide the milieu and activities which contribute to personal actualization for each individual in their programs.*** It has been suggested that this be brought about by way of assisting an individual to develop a more positive self-concept and increased self-esteem through learning skills essential to daily living. Such a program might well be considered a kind of occupational therapy, or recreational therapy if you please.



PHYSICAL DEVELOPMENTAL THERAPY TECHNIQUE FOR SEVERELY MULTIPLY HANDICAPPED CHILDREN

THE Onondaga Center for the Retarded serves approximately 160 school children and 65 adults. Eight of the children (CA 3 to 6) have severe physically handicapping conditions with accompanying mental retardation. Children below the age of three years are also helped through the Out Patient Clinic. Multiply handicapped children here are usually unhappy victims of refusal for admission to other local agencies serving such children in upstate New York because of complications they manifest due to combinations of mental retardation and physical conditions.

Pathological and congenital conditions seen at the Center and in the Clinic include spastic and athetoid cerebral palsy, general hypotonia and gross psycho-motor retardation, brain damage, and other syndromes. Most of these children are unable to sit independently and possess no head control of any kind. Occasionally hyper-stereo movements of the head complicate therapy techniques. Therefore, some basic objectives of Center and Clinic Programs for these children include –

- Teach head control so each child sees the surrounding environment right side up, not upside down or sideways as is the case when he is prone or supine on the floor most of the time.
- Teach independent sitting skills so each child can be exposed to a variety of toys, puzzles, and appropriate academic concepts.
- Prepare each child for further developmental skills such as crawling, creeping, standing, and walking.

These pictures show this three year old child progressing from having virtually no head control (no. 1) to fairly good head control (no. 5). The child (no. 2) is seated in a well inflated tube. He has no head control and therefore assumes various flexion-extension positions. After experiencing discomfort, he is reinforced with a desirable, comfortable position (no. 3). Occasionally upper trunk support is given to reinforce the trunk positioning and encourage head movements alone (no. 4).

METHODS

Have the child in a sitting position on the floor with his legs in front of him and the soles of his feet facing each other. Then measure the cross distance from the tips of the toes to the back of the buttocks. Obtain a car inner tube of this diameter from a service station or tire dealer. Inflate the tube and put the child inside making sure his elbows rest on either side of the inflated tube. Assist the child in holding his head up straight while he is inside the tube.

Occasionally let the child experience some discomfort from extreme flexion and extension of his head. Resulting discomfort is a basic means of communication in that the child *feels* and *experiences* that these positions are not the most comfortable or desirable.

After each experience of pain and discomfort it is important to reinforce the normal straight head holding position. This method should be repeated for short periods of 10 to 20 minutes at least three times a day with increases as necessary.

When the child is ready to learn sitting skills, encourage him to use his arms that are resting on the inflated tube. Again, you are guiding the child to learn through experiences. When the child is ready to progress further, remove about two to three pounds of air from the tube. This allows slightly more give in the firmness of the tube when the child seeks support with his arms and requires trunk muscles to provide needed support. This is hard and prolonged work but the rewards are great.

By HASU S. PATEL

The author is affiliated with the Onondaga Association for the Retarded, 600 South Wilbur Avenue, Syracuse, New York 13204.

IV. INNOVATIVE IDEAS, FACILITIES, EQUIPMENT

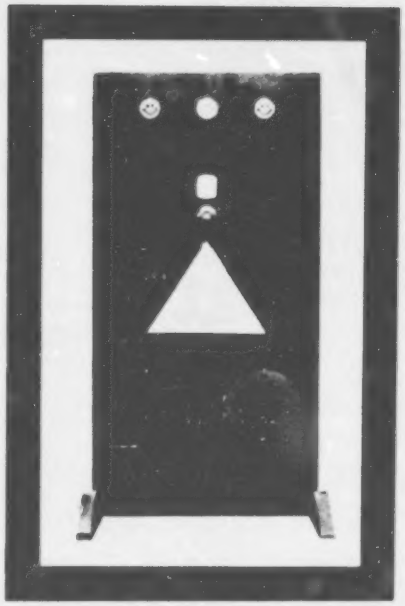
Innovative Ideas

By HAP COLE

A Little Extra

DURING the course of my work as a developmental-remedial physical education teacher of severely handicapped youngsters, I searched many books for ideas to help me do a better job. Everywhere I looked one main thought seemed prevalent – *reach each child where he is.* This can only be accomplished with an accurate method of assessment. If growth is accepted as following a logical sequential pattern, then physical/motor/social skills must be assessed to determine where they cease so a schedule can be set up that allows a child to achieve and attain needed skills. Random, haphazard activities are detrimental to the individual, especially if programs and activities do not meet the needs of the child. The important element when working with severely handicapped children is to give each one a chance to participate with success in activities designed to meet his particular needs.

A large percentage of children with whom I work gained much from specialized toys or puzzles. While visual experiences increase visual perception and auditory experiences increase auditory perception, I wanted to provide a stimulus to promote overall perceptual growth as awareness of one's self developed. Thus, the *form perception board* and the *folding balance beam* were designed to stimulate tactile, visual, and auditory perception, as well as to provide opportunities for youngsters to experience fine and gross motor responses, language development, and finally memory sequencing. (An article about the folding balance beam appears on page 72.



HEIGHT	4½'
WIDTH	2½'
TRIANGLE	YELLOW
SQUARE	RED
CIRCLE	GREEN
BACKGROUND	BLUE

(Patent Pending)

In describing the form perception board three happy face lights are wired in relay series with each other so that when the yellow triangle is knocked down, the yellow light goes on; when the red square goes down, the red light comes on; and when the green circle drops the green light is lit. When all three shapes are knocked down, four red lights circling the bell light up and the bell rings.

One is likely to increase an exhibited behavior if a reward is positive and given immediately after completing a defined task. Therefore the form perception board was made to give immediate feedback for successful experiences. Positive reinforcement is essential to increase motivation, which in turn leads to improved self-concept and greater confidence.

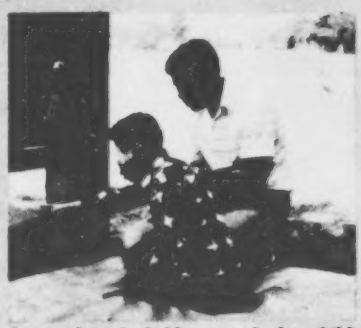
HAP COLE, the author of this article, is a teacher of developmental-remedial physical education with the Los Angeles County Superintendent of Schools, Downey, California.

Stereognostics means remembering forms and shapes by feeling them. The child is feeling shapes, remembering that his fingers are touching the sides, front, and back. He is reinforced by the teacher giving verbal cues such as *square*, *circle*, or *round*. For children who can talk or even utter a sound, language responses are encouraged. Having children name the form adds tactile stimulation.

Now progress to placing the form on the floor over paper and having the child trace around it as in using a template. Having the child compare the drawing to the original object adds more perception and memory recognition.

Using colored plastic building blocks in the shape of squares, triangles, and circles and placing them on the appropriate template adds color to visual, tactile, and kinesthetic sensory stimulations. Verbal rewards are needed to round out the total growth process.

Progress is now made to the form board. Taking a plastic block, the child is asked to knock or push down the figure or form like the one he is holding. Appropriate repetitions may be needed but the rewards are great. Each child always looks up to see if the light goes on. If the correct form is down, the reward is immediate and feedback through the visual channel as well as through the auditory channel makes the experience more potent and lasting.



A template is held up and the child selects a form to match the one being held. Once this pattern of success is attained, colors and shapes can be changed to add more variety especially if the child has each form memorised according to color alone. In this way, the shape and not the color must be remembered. Another approach to color problems is to ask the child to knock down the red form; if the wrong color is knocked down no light goes on.

By applying numbers to each form, math games can be played by adding, subtracting, or matching. Attaching letters of the alphabet has helped children remember letters, especially those in their names.

More severely involved children with limited mobility have just as much fun as other students. At times they need help extending their arms to knock down forms, but the reward of the light makes it all worthwhile.
When a child crawls several feet to the board, additional gross motor responses are developed. Many cerebral palsied children have a hard time reaching and extending upward, but this board adds ***that little extra*** incentive to success.

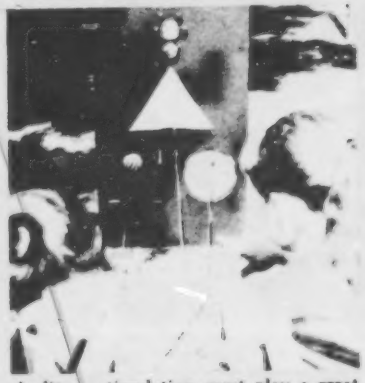
The importance of using all three areas of sensory input –tactile, visual, and auditory – cannot be overemphasized. So many times we use just one or two, but very seldom all three at one time – this is so important and necessary to many of these youngsters.

The ultimate reward is captured here – a great big smile. When you see this, you know you have succeeded.

More capable children throw to develop fine motor control. Verbal cues are used to illicit auditory stimulation and memory sequencing. For example, ***knock down the square first, the triangle second, and the circle last.*** Accuracy in throwing is now a vital part of the total growth, particularly when challenging the memory for sequencing.

One child shows a template to another who attempts to knock down the corresponding form. The children have grown to a point where they can challenge each other to see how long it takes to knock down the correct form once it has been shown. This takes mental alertness, visual accuity, fine motor control, and mental decoding.

The highest level this board has been used for is to improve language development. Here one child is telling the other to knock down the square.



Auditory stimulation must play a great part for the girl to remember from the very beginning that the square has four sides. Next, visual stimulation to spot the square and fine motor control to knock the form down with the ball come into play. If the light comes on, the reward is immediate and when all three are correct, the bell sounds.

It gets tiresome to run back and set up the board, so hooks and strings have been attached so that two can play the game. If more memory sequencing is necessary, pull up the second form that was knocked down so that the child must remember the sequence for knocking down the forms to make the correct response.
Have the child lift up the red form second regardless of when it was knocked down. Problem solving situations are many and varied so that the hours these children play provide them with many opportunities to learn.

Programming Techniques That WORK

High interest, self-motivating, programmed materials are designed to spark children to learn when traditional ways have not been successful. Tasks were designed to permit each child to execute them successfully by himself or with minimum help.

Many of these tasks were adapted from commercially marketed puzzles and perceptual-motor games. The author developed some and others originated from observing children with learning problems. The tasks are not particularly unusual but they have worked for the staff and the children. Any interested leader can adapt some of these suggestions or design new ones to meet the needs of an individual or group.

Keys to effectiveness for this approach are: (1) specific, sequential steps to accomplish the task; (2) immediate high interest in the tasks by students; (3) positive rewarding feeling upon completion of each task. Obviously, time and effort are necessary for this as in any worthwhile undertaking. The kids, however, not only like it but learn from the experience.

NOTE. What is education? So often learning experiences have been approached as teacher/leader interests, backgrounds, and experiences. Here is an approach that is child-centered with the focus on learning. The nature of learning is concentrated on with the understanding that the more experiences and opportunities given a child, the greater the chances for use and application.

Think of all the possibilities of these activities—small motor and manipulative activities requiring dexterity; concepts of laterality, directionality, shape, color, and numbers; opportunities to follow directions, work together, read, solve problems, and have fun while being successful. The details and approach can be modified according to the participating youngsters regardless of age, functional ability, or impairments. Activities are appropriate for school, recreation center, home, or wherever children are found.

Howard Sorrell is a physical education instructor at the Barrett Elementary School, 4400 Henderson Drive, Arlington, Virginia.

The Program in Action

Regardless of specific methods to implement this program, a circuit approach or station techniques are used. Among the endless ways of putting this program into action are:

Make and place instruction cards for each activity in a specific area. Students, who can, read and follow instructions. Others have someone else read the instructions to them. If possible, instructions should be in picture form so everyone can follow them easily.

Devise stations or areas so students move in a prescribed order, stay at each for a specific time, then rotate at a signal. Use contact paper, tempera paint, or other means to show movement pattern among stations; use music for background during the action phase of activity. Stop the music as a signal to move to the next station. Aides, peer tutors, and volunteers can be used to work with students who need extra help or at especially difficult stations.

Devise a check-off list so each child can maintain a record of what has been accomplished, how long it has taken, and other information to show achievement.

Include sufficient stations and activities so each youngster has a chance to become more proficient and meet new challenges through active participation. Obtain ideas and suggestions from children on new ways tasks can be used at each station.

Incorporate appropriate commercial activities, e.g., Perfection, Beat-the-Clock, Tug-Boat, puzzles, dominoes, Twister, and Toss-Across, as activity stations. Visit toy stores for additional games for this program.

Blindfold Fishing

- Have your partner tie a bandana over your eyes so you cannot see.
- With the blindfold on, pick out the following from each box: hammer, boot, brush, screwdriver, dustpan (or use different coin denominations).

Counting Money

- Pick up three quarters and put them in the mustard jar.
- Pick up ten pennies and put them in the jelly jar.
- Pick up five dimes and put them in the pickle jar.
- Pick up seven nickels and put them in the glass.
- Count the amount in each jar.

Shine Your Shoes

- Shine your shoes with the brush.
- Use the buffer to shine your shoes.

Pump Up the Ball

- Wet a needle with your tongue.
- Slowly slip the needle into the valve.
- Screw the pump into the needle valve.
- Pump up the ball until it is full and firm.
- Take needle out of the valve and play with the ball.

Lace Up Boots

- Put both boots over your own shoes.
- Lace both boots up to the top.
- Tie a bow in each of the laces.

Count the Beans

- With your right hand pick and count fifty beans. Place them one at a time into the jar.
- With your left hand pick and count fifty beans. Place them one at a time into the jar.
- Pick and count twenty beans. Place them two at a time into the jar with left and right hands.
- Screw the top of the jar on tightly.

Combination Lock

- Unlock the combination lock by turning the dial as directed by the combination numbers.
- Lock it again.
- Unlock the lock in the same manner as done before.
- Lock the lock again.
- Look at the clock and check how long it takes to unlock the lock.
- Unlock the lock without looking at the paper with the combination.

Package Pennies

- Remove a handful of pennies from the jar.
- Place pennies in five stacks of ten each.
- Place each stack in the penny packaging paper and then fold the ends.
- Print your name on the package.

Bomb Site Practice

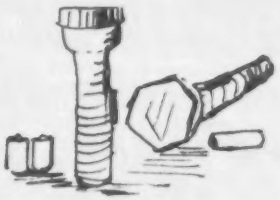
- Stand in front of the ladder and drop three bean bags.
- Stand on the first step of the ladder and drop five bean bags into the waste basket.
- Stand on the second step of the ladder and drop two bean bags into the tin can.
- Stand on the top of the ladder and drop four bean bags into the metal pot.
- Repeat, dropping marbles into jars.

Pencil Sharpening with Snoopy and the Regular Machine

- Take one pencil from the tin can and sharpen it in the Snoopy machine.
- Take a second pencil from the can and sharpen it using the regular machine.

Stack of Rings

- Take rings from the tin can and stack them with the largest at the bottom and the smaller ones on the top.



Top the Jar

- Look at all jars and all tops.
- Put on a blindfold.
- Place tops on correct jars.

Light the Lights

- Fit batteries into the appropriate flashlight—i.e., pen-light, mini, small, standard, and large.

Thread Beads

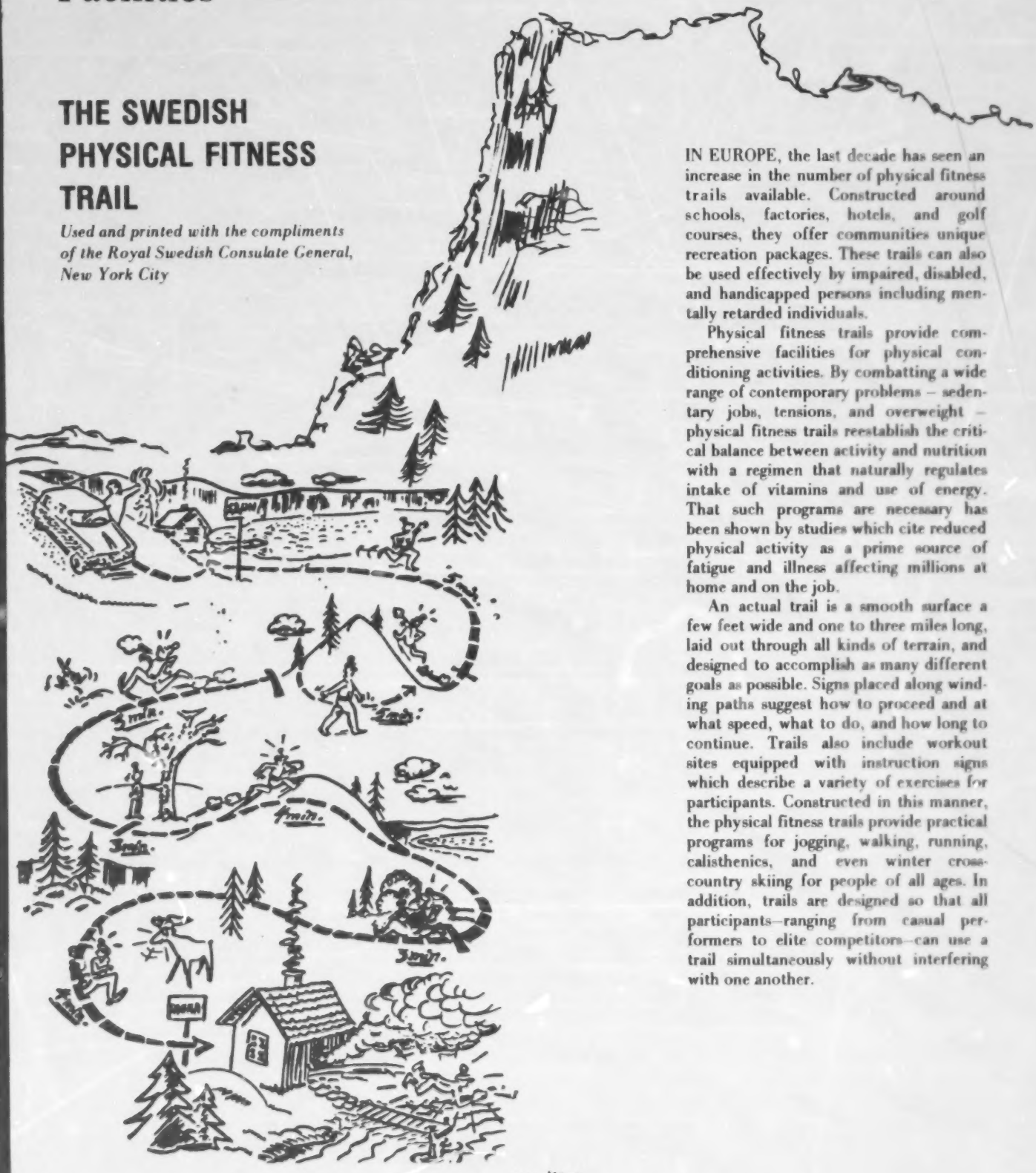
- Select one string.
- Select two round blue beads.
- Select four orange cubes.
- Select six red triangles.
- Select eight green cylinders.
- String all of these objects.
- Remove all objects and place them back into the box for next classmate to use.

Homemade Softballs

- Crumble a large piece of newspaper into a ball the size of a softball.
- Strap it with three or four pieces of masking tape.
- Practice catching with a classmate.
- Shoot for the barrel target.

THE SWEDISH PHYSICAL FITNESS TRAIL

Used and printed with the compliments of the Royal Swedish Consulate General, New York City



IN EUROPE, the last decade has seen an increase in the number of physical fitness trails available. Constructed around schools, factories, hotels, and golf courses, they offer communities unique recreation packages. These trails can also be used effectively by impaired, disabled, and handicapped persons including mentally retarded individuals.

Physical fitness trails provide comprehensive facilities for physical conditioning activities. By combatting a wide range of contemporary problems – sedentary jobs, tensions, and overweight – physical fitness trails reestablish the critical balance between activity and nutrition with a regimen that naturally regulates intake of vitamins and use of energy. That such programs are necessary has been shown by studies which cite reduced physical activity as a prime source of fatigue and illness affecting millions at home and on the job.

An actual trail is a smooth surface a few feet wide and one to three miles long, laid out through all kinds of terrain, and designed to accomplish as many different goals as possible. Signs placed along winding paths suggest how to proceed and at what speed, what to do, and how long to continue. Trails also include workout sites equipped with instruction signs which describe a variety of exercises for participants. Constructed in this manner, the physical fitness trails provide practical programs for jogging, walking, running, calisthenics, and even winter cross-country skiing for people of all ages. In addition, trails are designed so that all participants—ranging from casual performers to elite competitors—can use a trail simultaneously without interfering with one another.

[illegible] for physical fitness trails is one to three miles. Trails of [illegible] are not recommended except in situations where natural conditions dictate. Trail widths are usually from ten to twenty feet. Trails are wider along heavily forested areas so falling snow can cover them sufficiently to ensure maximum winter-time usage. Electric lights are installed primarily along two mile trails. However, one mile trails, not incorporated into two mile trails, are often lighted. These shorter trails are especially useful for children, elderly persons, and those with various handicapping conditions.

Trails are laid out to avoid areas in which water accumulates. The first part of a trail is level or goes through gently rolling terrain. Advantage is then taken of available terrain to provide variety. All downhill stretches and turns on trails are gentle so they can be negotiated by relatively untrained skiers. Uphill stretches are not so steep that a skier must resort to herring-bone or switchback climbing. Railroad crossings, roads, and highways are all avoided. Care must be taken to provide both sufficient parking space adjacent to the starting point and facilities where users can change clothes, shower, and relax in a sauna.

Fig. 1 – Cross-section of physical fitness trail

GRADING AND BASE COURSE

Trails are designed so maintenance can be done with a tractor. They incorporate a base that can be kept dry throughout most of the year. Care is taken to see that users are not exposed to needless risks. For example, there should be no loose rocks or sharp stumps along trails.

Fig. 2 – Cross-section of physical fitness trail with base course.

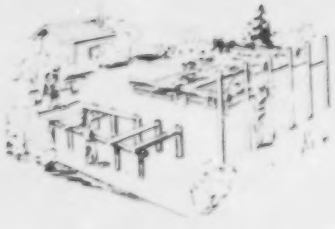
ROUGH GRADING

Trail areas are cleared of trees over a width of ten to twenty feet so that it can accommodate a tractor along its entire length. In heavily forested stretches the forest adjacent to the trail is thinned to improve snow cover.

DRAINAGE

Brooks and streams are bridged wherever they are crossed. Bridges are about ten feet wide and designed to support a tractor if necessary. Culverts are provided for ditches and other depressions that would be dammed by a trail. Sheet metal or concrete culverts are recommended. To accommodate heavy spring runoffs, culverts should be made twice as large as normal. As drainage improves, maintenance requirements diminish.

On relatively level, dry, and porous ground resting on a solid sub-base, the rough graded surface can usually be used as a base for the surface coating. Filling with a porous material such as gravel to a thickness of at least eight inches is necessary on moist ground where the load carrying capacity is relatively good. A

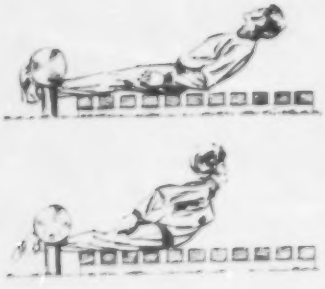


WORKOUT SITES

Workout sites can be located adjacent to the start, at the finish, or along the trail.

MATERIALS AND CONSTRUCTION

Calisthenic equipment is made mainly of pressure-impregnated wood and galvanized iron tubing. For example, a dumbbell bar is made of galvanized iron tubing about five feet in length. Disks are made of wood and vary in size from one to two feet in diameter.



SIT-UP RACK

A sit-up rack to use as a stand for sit-ups or as a stand for back-arches can be made in many different ways. Distance between the foot log and the slat platform is about 16 inches. This log is positioned so that it is at least four inches higher than the slat platform.

grade, [illegible] a foundation for service equipment and serves as a base for good drainage.

On very moist ground, where load carrying capacity is poor, a corduroy base can be laid. Logs are cut to the width of the trail and placed perpendicularly one foot apart across the trail. A layer of spruce branches about 18 inches thick is then put down. Ditches at least 18 inches deep are dug three feet from the ends of the logs. Material taken from the ditches is then put on the spruce branch base. Filling above the spruce branches is about 18 inches thick.

Fig. 3 – Sectional view of physical fitness trail bridge.

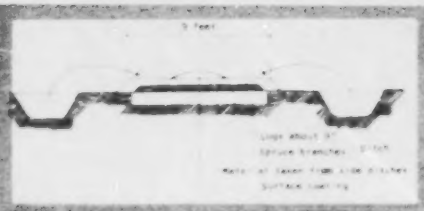


Fig. 4 – Cross-section of physical fitness trail running through swampy ground.

SURFACE COATING

A physical fitness trail is surfaced with a soft material such as a mixture of sawdust, sand, and pinebark. Although a freshly laid surface is loose and difficult to run on in the beginning, it acquires the desired firmness and surface resilience with time. The surface coating is four to eight inches thick and about three feet wide. This arrangement permits tractors to be used to maintain a trail without running them on the surface coating.

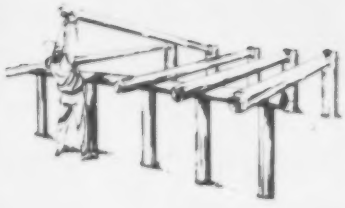
Just as with all other trail work, clearing and rough grading are carried out in such a way as to provide surroundings that are as attractive and pleasant as possible. Damaged surfaces and gravel courses extending beyond the surface coating are covered with topsoil and greenery planted to improve the appearance of a trail.

SIGNS AND MARKERS

Direction signs are needed to enable the public to find out of the way trails. Distance signs can be put up every 300 feet along the trail so users know exactly how far they have traveled and how far it is to the end of the trail.

HORIZONTAL BAR RACK

Stepped racks for horizontal bars are arranged so exercises and activities can be performed correctly by users of all heights.



LOG-LIFTING RACK

The log-lifting rack is about four feet high. Vertical parts are positioned directly beneath the lifting logs and are buried 24 to 28 inches into the ground to ensure sufficient stability.

LIGHTING

A lighted physical fitness trail enables more people to participate in well-organized training and recreation programs. Moreover, there is less risk of accidents along a lighted trail. Light poles and lines have to be laid out in collaboration with the landowner, nature conservation experts, power companies, and other concerned parties.

Folding Balance Beam

One thought motivated development of the folding balance beam (patent pending) — getting children in wheelchairs to balance on a beam and propel themselves forward. For tactile stimulation, a child can lie down on the beam and pull himself along with a knotted rope. And since the beam has many colors, visual stimulation can be introduced by having the child name the different colors as he moves down the beam. Do *you* have any ideas on how to introduce auditory stimulation? How about ringing a bell as each color is passed?

Since the necessary 12 foot long beam is cumbersome, it is cut in half and the two ends hinged together. Fifteen inch sections are painted various colors along the face of the beam. Resin on the top provides a flat, smooth surface to make sliding easy.

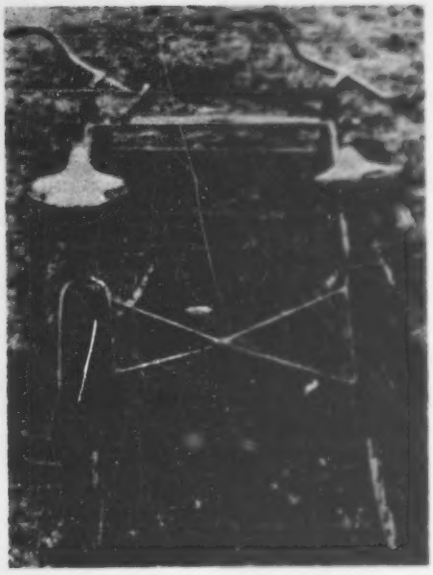
Position on the board is very important if each child is to have fun and succeed. For example, learning to grasp a rope is hard for many severely involved, cerebral palsied children. Yet the picture shows a young man having fun naming bright colors, using muscles he never used before, balancing his body on the board, and pulling himself forward. Laughing? You bet! These programs and activities create much joy and laughter. A little extra creativity can make a world of difference in the success of your physical education classes.

Note: See pages 64-66 for a related article by the author dealing with other equipment for sensory-motor experiences for children severely limited in their gross motor capabilities.

HAP COLE is a developmental-remedial physical education teacher, Los Angeles County Superintendent of Schools, Downey, California.

BOX TANDEM

Glenn A. Gruber is a physical education teacher at the Paul A. Dever State School in Taunton, Massachusetts 02780, and Linda R. Meyer, former recreational therapist at the Paul A. Dever State School, is a PhD candidate in special physical education at the University of Connecticut.



Bicycling is one of the most popular recreational activities in the United States today. Over 80 million Americans bike as a means of exercise, transportation, or a way of having fun. Because bicycling promotes social interaction, helps to develop coordination and leg strength, and provides an excellent opportunity to learn road safety, it can be an important tool in educating mentally retarded persons. Unfortunately, retarded individuals who have low reasoning ability or suffer from severe balance and coordination problems often are not able to successfully participate in bicycling activities. Efforts of the late Tony Foster, vocational instructor at Paul A. Dever State School (Taunton, Massachusetts) have made cycling a reality for these people with a special kind of bicycle, the *box tandem*.

The box tandem is two similarly sized bicycles connected in parallel by several metal bars welded to the frame of each bike. A movable bar connects the steering mechanisms so the handlebars can turn only in unison. This arrangement allows a child with a handicapping condition to experience the freedom of pedaling and steering a bicycle on his own while a staff member or volunteer rides beside ready to provide extra pedal power, emergency braking, or steering assistance. Since the box tandem is extremely stable, a staff member can teach a child or even manipulate his limbs while the bicycle is in motion.

The box tandem is easy and inexpensive to build. Materials needed for construction are: two bicycles of similar size, four pieces of metal tubing to be used as supports, one flat metal bar for the steering mechanism, two angle irons, two pairs of nuts and bolts, and two washers. Metal supports should be long enough to allow handlebar clearance between the two bicycles. Assembly of the box tandem consists of welding two support bars to each bicycle's frame near the handlebars. Remaining support bars are joined in a criss-cross fashion and welded to the rear frames; bars are crossed to assure foot clearance while pedaling. An angle iron is welded to the underside of each bicycle's fork to provide a base for the steering mechanism. Ends of the flat metal bar are then bolted to the angle irons. This bracket supplies enough strength so the box tandem can be turned by either set of handlebars. Materials needed to construct the box tandem (excluding bicycles) should be under five dollars depending on how much a welder charges. Often local police and fire departments will donate bicycles which have been lost, unclaimed, or broken.

Severely retarded children and adults and those suffering from cerebral palsy or other physical defects have successfully used and enjoyed riding box tandem bicycles at Paul A. Dever State School. Physical educators and recreators in other parts of the country should be able to provide this bicycling opportunity to individuals with a variety of handicapping conditions.

By RICKI HENRY

How to teach with tubes

When working with special children, teachers/leaders have a tendency to become too enthusiastic – often wasting valuable class time by oververbalizing needless instructions! More teachers/leaders should strive to spend a portion of each class day guiding children through *nonverbal* activities. Nonverbal activities offer children opportunities to experiment with their own creativeness, inventiveness, and self expression. By developing greater creativity in structured settings, children can learn to function more adequately and independently in other situations.

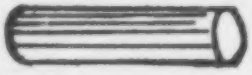
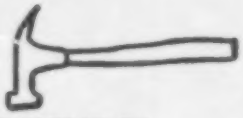
An innovation activity with *tubes* has been developed for and used effectively with special children. Tubes are hollow, twelve inch cylinders that can be used for any type of movement pattern. Beating or pounding on the floor or walls, mimicking objects like footballs or guns, and numerous other movements usually accompany activities in classes where tubes are used.

Tubes are easy to make and quite inexpensive – a golf club casing cut into equal sections becomes three tubes. With the price of each casing less than $.25, any teacher/leader can have an abundance of tubes for an innovative program. And the tubes can be covered with contact paper to add bright colors and designs.

When introducing tubes to a group of youngsters, one of two techniques has been used. In the first approach, the teacher/leader says absolutely nothing, places tubes on the floor, and slowly begins a movement sequence while the children curiously watch. Gradually, youngsters pick up tubes and the movement sequence with no verbalized instruction. In this technique, the teacher/leader goes through three basic steps of beginning a simple movement pattern that interests children, guiding children into movement through gestures but with no verbalization, and showing approval when children pick up tubes and movement patterns. The children also go through three steps. They observe the teacher, solve problems with no verbal instructions, and pick up movement sequences of the teacher/leader. This procedure gives both the teacher/leader and the children chances to express themselves through movement. Usually youngsters with learning disabilities enjoy this method immensely.

The second technique is easier and requires less involvement by teacher/leader and children. It simply begins when the teacher/leader gives each child a tube and then starts a movement pattern with no verbal communication. This technique requires less problem-solving ability so that lower level children usually respond better to it.

After the children have been introduced to tubes, the teacher/leader begins a very simple series of movement patterns. Simple movement patterns may consist of following the teacher/leader in basic skills like walking forward, backward, or sideward; standing still while moving tubes in the same manner as the teacher/leader; or walking while moving tubes through consecutive movements. Simple movements are easy for children to follow and give them early feelings of success with nonverbal activities. A simple repetition of easy

A SIMPLE TUBE LIKE THIS  **CAN BECOME A** **OR A**  **OR A** **THERE ARE NO MAGIC WORDS — IN FACT, NO WORDS AT ALL. IT'S NONVERBAL & IT WORKS WONDERS.**

RICKI HENRY is affiliated with Texas Women's University, Denton, Texas.

Photographs by NORMA CARTWRIGHT, professor in health education, Texas Woman's University, Denton, Texas.

movements gradually leads to a series of more complex movements. Complex movements may consist of elementary tumbling stunts, obstacle courses, and/or each child creating his own movement series.

A variety of locomotor movements can be performed with tubes. It is usually better for the teacher/leader to introduce simple locomotor movements with tubes early in class sessions. Walking, running, skipping, jumping, and sliding are rather quickly picked up by most youngsters, and it gives them opportunities to move freely about the play area with no confused shouting or yelling. Such fast paced activities may gradually be made more difficult by beating the floor, walls, or other objects in the same manner as the teacher/leader. Beating rhythmical patterns with tubes enhances locomotor activities and, in turn, develops a greater sense of rhythm in children. After these activities are successfully accomplished, the teacher/leader can start a series of various locomotor movements intermeshed with different ways of beating the tubes.

Nonlocomotor activities are limited only by the combined creativity of teacher/leader and children. Any movement may be executed with tubes as long as each child remains in a stationary place on the floor. Nonlocomotor activities can be incorporated early in the program along with locomotor skills. If a group of youngsters becomes somewhat rowdy during locomotor movements, the teacher/leader can easily stop and begin more relaxing nonlocomotor activities. An example of a movement sequence would be to have children walk forward beating tubes on the floor, hop sidewards four times, swing arms in a stationary position, and conclude with rapid gallops around the play area. Nonlocomotor activities can include basic concepts like high, low, up, down, fast, slow, right, left, clockwise, counterclockwise. A teacher/leader may have the group of children walk low while holding tubes high, jump in a clockwise direction, or walk in a counterclockwise direction while tubes are held in the right hand. These skills can easily be performed by following the teacher/leader who uses no words.

To create added enjoyment for youngsters, the teacher/leader may introduce various animal walks. Usually most children create their own unique versions of animals and act out animal movement patterns. The elephant walk with the tube between the hands as the trunk and the seal walk with the tube balanced across the nose are two animal walks that are enjoyed by the children. Children also have a tendency to pretend they are favorite characters such as:

- *Football player* — boys usually fantasize that they are huge and very powerful. As the football player walks slowly to conserve his great strength, the tube becomes the football.
- *Lion hunter* — youngsters begin this character walk by very quietly tiptoeing and hiding behind objects as they advance toward a lion; the tube is used as the gun.
- *Moon walker* — children walk very slowly and always keep one foot off the floor; the tube is used as a rock probe.

For these types of animal and character walks, children enjoy minimal verbalization so as to portray better animal and other sounds.

Gym Scooter Modification

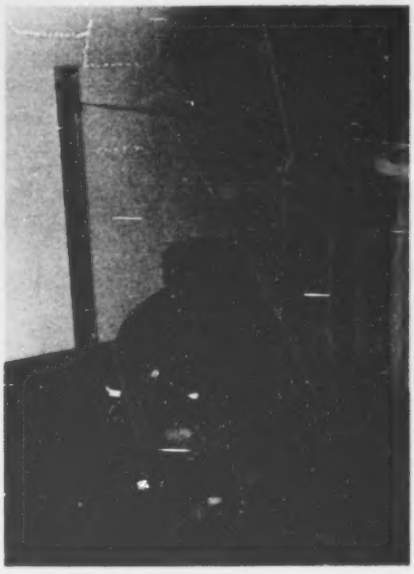
Paul Yourchisin
Adapted Physical Education Specialist
Warren County School District
204 Onondaga Avenue
Warren, Pennsylvania 16365

Many children enjoy using gym scooters, and with a little time and effort it is possible to modify a common oblong gym scooter so that virtually any child can use it successfully. Materials needed are two 1-inch eye bolts, four 3-inch hook screws, four 1¼-inch pulleys, two 2-inch by 4-inch by 3 foot boards, and a length of ⅛-inch braided nylon rope that is dependent on room size.

For easy construction and installation, follow these steps:

1. Attach an eye bolt to each end of the scooter.
2. Attach a hook screw near the end of each board, both on the 4-inch side.
3. Mount boards vertically on opposite walls, facing each other. One end is at floor level.
4. Hang a pulley on each hook.
5. Run the rope from one eye bolt, through each pulley, and attach to the other eye bolt; be sure rope is taut. If small spring clips like those found on leashes are used to attach the rope, the entire unit is easily assembled and disassembled.
6. Turn down the hook screws when not in use, to prevent any injury.

This scooter modification is valuable for children with limitations that prevent them from deriving benefit or enjoyment from regular gym scooters. Since the scooter movement is limited to a straight line, a child who is unable to control a free scooter can achieve a real sense of accomplishment by moving from one definite location to another. The instructor may also assist the child by pulling on the top rope, or provide variable resistance to make the activity more difficult and challenging.



V. LEADERSHIP

BY ROGENE MYERS

They're the Best!

A SPECIAL PROJECT resulted from a video presentation given in the spring to junior high school students in Quincy, Michigan, five miles east of Coldwater State Home. Feedback indicated that some of these students wanted to find out how they could come to the Coldwater State Home and work with residents. Their guidance counselor contacted the public relations director at the State Home and a special project was planned when it was discovered that several interested students were 13 years of age and too young to obtain a work permit or to volunteer without direct supervision.

So as not to restrict anyone's summer too much, three day a week, one and one-half hour daily play therapy sessions were set up for approximately eight weeks in a cottage for physically handicapped residents. These children were also retarded and had no special education classes, no physical therapy sessions, no recreational opportunities, or no foster grandparent program. Although residents were between 10 and 21 years of age, they functioned mentally at levels between six months and four years. Several mildly retarded children who needed peer group interaction were also included in the project.

As the summer progressed, several volunteers had to be away to attend camp or go on family vacation; each found friends to substitute and come in to play in their places. With six to eight students daily we were able to include more residents in the program and to increase the time for several residents to two sessions a day rather than the planned one. Volunteers were transported by car pools as parents alternated driving the six to eight miles to the State Home.

Throughout April and May a program supervisor and trainer worked with the author in developing a cooperative play therapy program for profoundly retarded residents. With summer volunteers assisting, it was possible to try out four of ten curriculum areas—*adjustment period*, *contact play*, *sand play*, and *water play*, and *tactile/texture play* was explored somewhat. Other areas include noise play, mirror/shadow play, self movement, object play, and animal play.

Equipment was not a problem. When a local lumber yard found that I was building equipment for use in a special project for residents of the State Home, lumber was provided at half-price. A temporary sandbox costing $10.00 was used until the maintenance crew had completed a specially designed one. When this second sandbox was completed, the first one was used in another program. The permanent sandbox, elevated off the ground like the first one, was built with pipe for legs and had six cut out areas for wheelchairs. A table top made of 5/8 inch outdoor plywood protected sand from the weather and prevented children from eating sand when supervisors were not present. It also served as a multipurpose table for picnics, games, and other activities for foster grandparents. The sandbox was placed in a sheltered area so children, who could not be exposed to the sun due to medication, could participate in the program.

Toys for sandbox and water play were purchased through an activity fund available to the cottage and cost about $40.00. Water therapy was conducted in a heavy plastic wading pool elevated on a large tractor tire with a small

wooden spool (the kind used for electrical cable) laid flat inside the tire. Children could sit at the pool in their wheelchairs and play without getting their clothes wet. Toys purchased from local stores included such items as buckets, shovels, sieves, sprinkling cans, plastic sand castles, plastic boats, road graders, dump trucks, wind/water mills, water guns, and silly sand towers.

With elevated sand and water play, there was more play and interaction *with* children by students, attendants, and others who worked with and supervised the children. Previously they had done a great deal of standing around talking to one another! These residents began to have additional play experiences above and beyond those that had been structured for them and they also showed increased awareness and learning.

Achievements of these residents were both rewarding and numerous. A 20 year old blind, moderately retarded boy, who had formerly been in a state school for the blind, finally began to play in the sand during the fourth week. He filled buckets, dumped trucks, made sand castles, and liked to bury arms of student volunteers in sand.

A girl who functioned at a five or six month level advanced from sitting idle for 30 minutes to responding with smiles and laughter along with eye reactions and responses when a wind-up toy radio playing music was held close to her ears. She never played actively in sand or water but responded to other parts of the play therapy program.

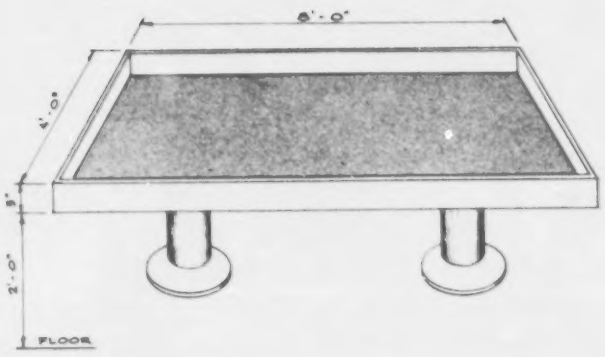
The youngest and smallest of the residents loved water and liked to eat among other items, safety pins. Of course, he wanted to eat sand! By the middle of the summer he was playing in the sand in appropriate ways. A student volunteer recognized the boy's love for water and would fill a sprinkling can, pour water over his hands, and put moisture in the sand for packing and building castles.

Overall, residents responded very well during the 23-day project. They had received an 11½ hour play program although some participated less because of illness, clinic visits, and vacations. Students volunteered an average of 34½ hours each. If the state had hired just one of them full time, it would have amounted to 32 full eight hour working days costing at least $575.

As a result of this special project, sandboxes were made for other program areas to help lower functioning residents learn how to play and decrease the amount of time they spent doing very little.

In evaluating the project, I feel these fine young teen-agers represented *the best* workers I've seen or supervised during 11 years of teaching! They came by it naturally because they still enjoyed sand and water play themselves. They seldom missed a day. They laughed, talked, played, and no one complained because a child was so low mentally he couldn't be reached. *No one gave up on any child.* Every day each student obtained a new response he had not seen previously from his child. *The most beautiful part was to see such fine young people giving so much to such beautiful children who needed and wanted their love and who showed they could learn when some time was spent with them.*

ROGENE MYERS is a physical education specialist at the Coldwater State Home, Coldwater, Michigan.

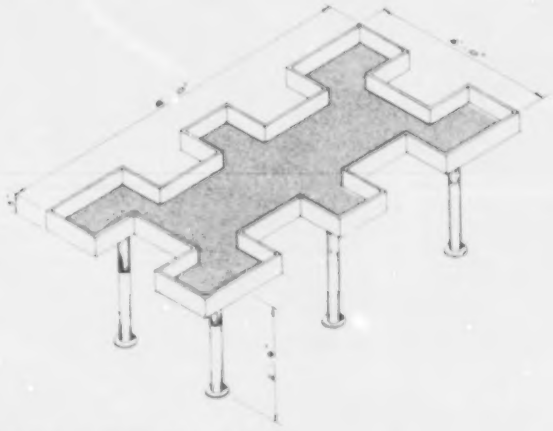


ELEVATED SANDBOX

Can be built to any height depending on the size of the users. Use a base of 4 x 8' outdoor 5/8" plywood with sides made from 2 x 2's. Support can be furnished by two wooden spools placed underneath. Will hold up to 500 pounds of sand.

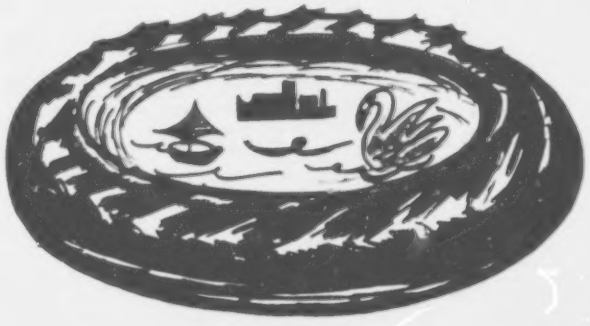
Height should be appropriate for wheelchair children or adults. Grooved areas should be cut according to the width of wheelchairs. Steel pipes can be used for legs. A cover can be made from a sheet of 5/8" plywood

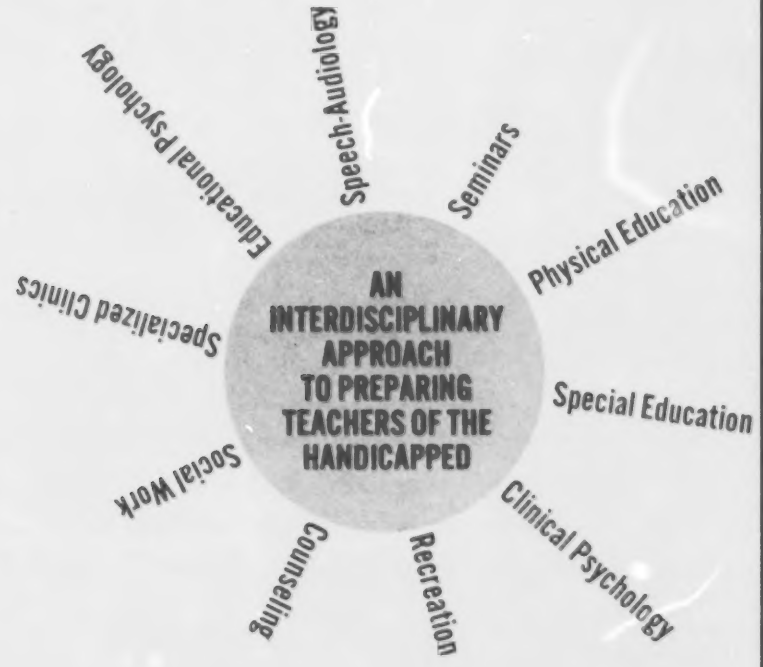
CUT OUT SANDBOX



ELEVATED WATER PLAY

Constructed by placing a wading pool on top of a colorfully painted tractor tire. Support for the pool is provided by a small wooden spool (the kind used for electrical cable) inside the tire and under the pool.





LOUIS R. OSTERNIG
EDNA P. WOOTEN

Faculty of the Department of Physical Education in the area of Physical Education for the Exceptional Child at the University of Oregon have established a liaison relationship with the Center on Human Development on the University of Oregon campus. In this setting, graduate and undergraduate students in physical education participate in evaluating the motor development of handicapped children, exploring individual methods of meeting the needs of these children, and in recommending on-going physical education programs.

The Center on Human Development at the University of Oregon is a multiphasic and interdisciplinary approach to the understanding and *treatment* of developmentally delayed children. The major thrust of this program is toward achieving a *training model* for workers in the field of exceptional children. Several disciplines other than physical education are represented in the training model. These include special education, speech-audiology, clinical psychology, educational psychology, counseling, social work, recreation, and music. Training opportunities vary from short term observation to full time *block* placements.

Through diagnostic/evaluation clinics and special classroom programs, university students are given the opportunity to represent their respective disciplines while participating in an interdisciplinary effort to alleviate the medical and/or educational problems of the exceptional children.

Presently, student physical educators are involved in classroom programs for orthopedically handicapped children, who range from one to six years in age. In this setting, students are assigned to specific children within the classroom and work with them individually and independently on developmental motor tasks on a daily basis.

The student physical educators learn of *their* child's condition through investigation of medical records and comprehensive seminars. These weekly seminars are attended by other student physical educators, an orthopedist, a physical therapist, and physical education faculty advisors. Often the classroom teacher is invited to attend. In these seminars, motor development activities currently used are discussed in detail and from a number of viewpoints. The progress of each child is evaluated and suggestions are made as to possible new activities. Many times a home program is discussed which might be carried out by the parents of each child.

Since the physical educator also observes the child in the classroom, he may notice certain behaviors that could unsuspectingly be contributing to a delayed motor development of a particular child. This may be in the form of a static posture maintained for excessive periods of time where the child is unable to motorically explore his surroundings or perhaps where the child simply is receiving only minimal kinesthetic stimulation. Through open discussions in other seminars, which include the classroom teacher and aides, certain suggestions are made as to the modification of these behaviors along with ways of implementing them in the total curriculum for the child. In this way the child can benefit from the expertise of the student physical educator even during times not specifically scheduled for motor development activities. *It is important that the classroom program complement the motor development program and the motor development program complement the classroom program particularly if behavior modification principles are employed.*

At the end of each term the student makes a written evaluation of the type of program administered and the progress of the child under his tutelage. In addition, a suggested follow-up program is presented. All of these reports are filed in the medical records.

Supporting the program, the Clinical Services Program at the Center is one in which physical education faculty and students are actively involved. In this program, young children and adolescents, from infancy to 21 years of age, who are afflicted with severe handicapping conditions, are examined and evaluated by a staff of professionals. The staff is made up of specialized medical personnel needed for each specific case, i.e., an orthopedist, pediatrician, urologist, neurologist, dentist, and ophthalmologist. In addition, the staff includes one or more physical educators, special educators, physical therapists, social workers, and psychologists. This group, funded by both the state's Crippled Children's Division and the University Affiliated Facility, forms what is considered to be an outstanding clinical services staffing team.

Specialized clinics held at the Center include: cerebral palsy, Downe's Syndrome, myelomeningocele, orthopedic, genetic, and dental. A congenital heart clinic is held at a local hospital. In such sessions, the professional physical educator usually attends the orthopedic examination and contributes to the evaluation by assessing the child's postural and motor development. Parents accompany their children during these special clinics and throughout the professional examinations.

Following all clinical examinations and evaluations a *staffing* is held involving all professional personnel connected with management of the child. When a student physical educator is directly involved with the child being staffed he also actively makes recommendations based on his experience with the child. Following the staffing, parents are informed of findings and recommendations. Written reports of these findings and recommendations are sent to various agencies and to specific professionals involved with follow-up. Thus, it is thought, a realistic prescriptive program is developed. In this way, a child is totally staffed by means of a variety of evaluations and every effort is made to implement recommendations.

By using this approach in meeting a child's needs, those involved recognize that ***no single discipline can provide the full range of comprehensive services needed by handicapped individuals***. It is hoped that by the collaboration of skilled representatives from a number of disciplines a mutually rewarding training program for university students can be achieved.

This represents only one of many practical experiences available to the students in Physical Education for the Exceptional Child at the University of Oregon.

Louis R. Osterng and Edna P. Wooten are affiliated with the Department of Physical Education, University of Oregon, Eugene, Oregon.

DELTA "S"

UNDERSTANDING DIFFERENCES

VIKI AMAND

Fourteen years ago when parents of a child with cerebral palsy mentioned they hadn't been out together for five years, little did they realize the cohesive force that would evolve from their comments. Today parents of children with handicapping conditions in that same community are provided with a list of babysitters specially trained in working with exceptional children. In addition, their children are invited to take part in various recreational activities under the supervision of trained leaders.

The community is Stockton, California; the group which evolved to meet the specific needs of parents with exceptional children is Delta Students for Exceptional Children. Sponsored by the San Joaquin Council for Exceptional Children, Delta "S" is composed of college and secondary students who are interested in helping persons with handicapping conditions. Their initial interest in exceptional children began with the realization of the continuous care and responsibility required of some parents of children with handicapping conditions. The evolution of the group came out of this interest which lead to a series of clinics for understanding and working with the exceptional child, and finally, in 1960, formalization of the group to provide service. At present Delta "S" members have contributed over 75,000 volunteer hours. In addition to child care and babysitting, Delta "S" members provide a Saturday recreation program emphasizing swimming; child care at parent group meetings; special recreational opportunities such as boat trips, picnics, seasonal parties; and volunteer hours at community agencies.

A major concern of Delta "S" is recruitment of young adults into the field of special education. To provide special training for Delta "S" members, a yearly workshop is held. The workshop consists of group discussions and demonstrations by professionals in the field. Visitations to various special education programs are arranged, and groups are set up so that each person attending is given a chance to work with the exceptional child. In addition, members are encouraged to attend Council for Exceptional Children meetings, work at summer camps for children with handicapping conditions, and volunteer as teacher aides in special classes.

From a group of girls at a Future Teachers Career Day interested in learning about special education programs and the exceptional child, to a group of secondary and college students dedicated to understanding differences, the role of Delta "S" has grown and perpetuated. From the impetus found in the voiced needs of the parents of one exceptional child, the group purpose has grown to serve needs of the community. Their goals are (1) to serve exceptional children so that they may accomplish their potential; (2) to serve parents of exceptional children so that they may work more effectively in their home, school, and community; (3) to learn to understand the differences of people so that we can learn how much we have in common; and (4) to recruit professional leadership in the field of the exceptional child and adult.

Viki Amand is materials assistant for the AAHPER Information Research Utilization Center.

VOLUNTEER AIDES

a vital resource

Susan J. Grosse
Physical Education Teacher
Milwaukee Public Schools, Frederick J. Gaenslen School
1301 East Auer Avenue
Milwaukee, Wisconsin 53212

Professional staff, good facilities, transportation for participants, and necessary equipment are all important aspects of physical education and recreation programs for people with special needs. However, often the heart of the program lies in the person who pushes the wheelchair of a boy with dystrophy; or the person who helps a severely retarded girl put on her swim suit for fun in the pool; or the one who holds a disturbed child's hand on a field trip to calm him or her; or the person who reads to a blind teenager to help her keep up in school. These people are all better known as volunteer aides. They are essential to the successful running of most programs for impaired, disabled, and/or handicapped people. Even though need for their services is recognized, often little formal attempt is made to help them use their talents to the best advantage—to help each grow within the program. As a result, programs as well as aides suffer.

The key to effective use of volunteer aides lies in application of three procedures: training, supervision, and evaluation.

Training

Though many of the tasks an aide performs do not require a high degree of skill, some training is needed not only to help the person fit into the program, but also to help each one make a maximum contribution to it. Initial training should:

1. Provide a general explanation of the over-all program, including information on:
   - Type of participants—age, sex, handicap.
   - Program goals
   - Program content
   - Facilities
   - Staff organization
2. Explain how an aide's job fits into the program. Particular emphasis should be given to the value of the work aides perform.
3. Detail specific aspects of each assignment including:
   - Administrative procedures
   - Working hours
   - Where to get help if needed
   - Selection of duty assignments
   - Policies on supervision and evaluation

Whenever possible explain the *why* behind procedures used, particularly when something an aide should *not* do is involved. A little knowledge can go a long way toward understanding. In addition, time should be allowed for on-the-job training.

Supervision

After aides have been trained and placed in the program, they should be supervised by administrative personnel or professional staff. Whoever supervises should know specifics of jobs assigned to aides, and should be aware of the following elements important to providing such supervision:

1. Carry out a general check to see that assigned jobs are done.
2. Praise aides for a job well done.
3. Provide *constructive* suggestions for job performance which needs improvement.
4. Provide additional training if necessary.
5. Determine whether or not each person is being used in a job suitable to their talents.

Most programs use aides in a variety of ways; it should be possible to place people in situations in which they feel they can contribute the most. Aide supervisors help to see that this happens.

Evaluation

Many programs are grateful to obtain services of volunteer aides and do not feel they have the right to perform job evaluations. However, several positive effects can result from such evaluations including college and job placement recommendations for students, staff selection for next year, upward mobility within the program, and recognition of program service that make efforts well worthwhile. Aides should be told they will be evaluated and the conditions on which such evaluations will be based. Additional factors to consider are:

1. Information in evaluations is confidential.
2. Start an evaluation conference with positive comments.
3. Be specific and include suggestions on how to improve.
4. Recognize that not all people are suited for working with special populations. Try to avoid making aides feel guilty or inadequate if it seems this isn't "their thing." Encourage them to use their talents elsewhere—lots of different programs can use volunteer help.
5. Keep records of aide evaluations.
6. Follow-up to help aides carry out improvements when they are suggested.
7. Be sure to find ways to show recognition for service. They need not be elaborate, but they need to be there. Praise, hearty thanks, a certificate of appreciation, all help to improve programs by recognizing services given.

Volunteer aides are valuable human resources—a very important part of any program. Training, supervising, and evaluating are procedures that can greatly improve their participation.

PHYSICAL EDUCATION SPECIALIST SELF-EVALUATION GUIDE

Jed Morrison
Physical Development Specialist
Ohio Department of Mental Health
Columbus, Ohio 43221

In many situations, physical education specialists dealing with mentally retarded youngsters are not directly supervised by experienced physical education people, but by administrators who may not have background or experience in physical education. Because of this, the only effective way for a specialist to improve teaching competencies is to self-evaluate periodically. Evaluation is too important to overlook; it must be done often.

Most standard administrative evaluations made of physical education specialists are too general to be effective in terms of programing. An administrator who is not familiar with physical education programing cannot be expected to evaluate a physical education program in any detail. Instead administrators often evaluate areas such as punctuality, dependability, cooperation, and other mundane characteristics that do not necessarily directly deal with the most important aspect of a physical educator's job—the physical education curriculum. I feel that the most effective way for this evaluation to take place is through frequent, honest, and critical self-evaluation.

Following is a list of questions that should help serve as a *guide* for self-evaluation. These questions are only representative examples; you are urged to add your own questions.

1. Is content appropriate?
2. Why am I teaching these particular activities?
3. How can I best teach these activities?
4. Am I teaching activities in appropriate sequence?
5. Am I providing sufficient scope in activities? Am I expanding applications of skills at all levels of development? Am I teaching similar skills in a variety of different ways?
6. Am I meeting needs of each learner?
7. Does content have purpose to the *learner* (not necessarily to the teacher)?
8. Are activities realistic?
9. How much real need will students have for material being taught?
10. How are activities related to real life situations?
11. Am I integrating physical learning with other concepts and tasks (i.e., shape discrimination, color discrimination, basic number concepts, socialization skills?
12. Am I enthusiastic?
13. Am I planning well in advance?
14. Are lesson plans written? Do they state instructional objectives as well as methods planned?
15. Do I make the most of available equipment?
16. Is equipment ready before each class? Put away after each class or at the end of the day?
17. Do I provide clear, simple instructions?
18. Do I serve all children an equal amount of time without favoring certain ones?
19. Do I have warm rapport with each child?
20. Do I give special individual attention to children having difficulties?
21. Do I provide an atmosphere of positive reinforcement?
22. Am I consistent?
23. Do I share ideas with classroom teachers and other specialists?
24. Am I evaluating progress of each child periodically?
25. Do I use these evaluations?
26. Am I treating each child with respect and dignity?
27. Do I participate in activities?
28. Are demonstrations appropriate?
29. Are programs and activities based on my interests or on interests and abilities of students?
30. Are rules able to be modified?
31. Do I recognize need for change?
32. Am I competent in basic first aid techniques?
33. Do I allow students to do things for themselves?
34. Do I consider student opinions and suggestions?
35. Is each child involved in appropriate activity most of the time?
36. Do children ever spend half of their time sitting and watching in physical education classes?
37. Do I have short-term as well as long-term objectives?
38. Do I control my temper and deal objectively and fairly with each child?
39. Do I adequately manage behavior of students?
40. Do I use vocabulary appropriate to the level of the children?
41. Do I attempt to be creative and imaginative?
42. Do I understand various handicapping conditions and their effects upon physical proficiency and motor performance?
43. Do I pace lessons appropriately? Do I stay with certain activities too long?
44. Am I effective in motivating children for learning?
45. Do I plan for the class as well as individuals?
46. Do I seek advice from others?
47. Am I in continual search of materials appropriate for and applicable to physical education programs for mentally retarded children?
48. Do I evaluate my performance frequently?
49. Do I use adequate visual, auditory, tactile, and kinesthetic cues?
50. Do I encourage children to express themselves? Do I talk all the time and dominate the children?
51. How can I improve?

What Makes a Teacher A Success?

- *A teacher who has a warm feeling for children and goes beyond the call of duty when there is need.*
- *A teacher who knows how to guide the learning of basic skills and all other facets of learning after meeting the child where the child is.*
- *A teacher who is consistent and friendly but firm in requirements, keeping agreements, etc.*
- *A teacher who is continuing as a student him/herself, thus constantly finding new ways to implement the learning and life adjustment processes for the students.*

Based on Letter to the Editor in CANHC-GHAM (monthly newsletter of the California Association for Neurologically Handicapped Children) from Edith Haynes.

VI. BOOKS & PERIODICALS

Gail Ellison. *Play Structures*. Pasadena, California: Pacific Oaks College and Children's School (714 West California Blvd.), 1974.

This publication is for children, parents, teachers, architects, school administrators, public parks officials, community-oriented housing developers—anyone interested in building creative play structures. Included are descriptions of projects developed by 32 groups which constructed play structures at public and private schools and in urban and rural parks. Several questions which should be discussed as part of the design process are presented. These include designing with purpose, masterplanning, choosing materials, meeting safety requirements, building the structure, and enhancing existing structures. Architects' drawings and construction directions for large and small cable spools, tire swing, ropes and poles, climbing dome, tubular slide, fort with tunnel, and other play structures are provided to generate discussion and inspirations for planners to design creative structures which meet their own unique needs.

M. Paul Friedberg. *Handcrafted Playgrounds*. New York: Random House, 1975.

This sketchbook of designs is based on two simple premises: anyone can build a playground and the actual process of building can be as important as the finished product. Builders are given a chance to shape the environment and create something to suit the specific needs of the children for whom the playground is planned. A wide range of designs is included from simple tire swings to fairly complex wood structures. Enough technical information is supplied with sketches to be followed literally or serve as points of departure according to the reader's own skill and creativity. Easily found or inexpensively purchased materials such as barrels, ladders, cans, or old tires can be arranged to create endless opportunities for play. Friedberg believes that playgrounds should provide opportunities for all three major categories of play—physical, social, and cognitive—and incorporates each into his designs. A unique feature of the book is an activities matrix which presents types of handcrafted playground equipment according to major play skills involved in their use.

Connie Currie Lawrence and Layne C. Hackett. *Water Learning: A New Adventure*. Palo Alto, California: Peek Publications, 1975.

Although water learning is for all children, many of its basic concepts and methods were developed to meet special needs of exceptional children. The main purpose of this book is to present ways in which classroom concepts can be reinforced through water activities; these activities can also be used in learn-to-swim programs. Water play includes activities on water tables, in bath tubs, puddles, ponds, and sprinklers; with hoses and containers; and in pools of all sizes and descriptions. Specific chapters deal with philosophy, methods, water orientation, body image and space awareness, visual and auditory perception, strength and endurance, hand-eye coordination, water as a classroom laboratory, safety, and handicapped children in water learning. Required equipment, directions, and formations used for each activity are presented. Exploratory and problem-solving techniques are included in specific chapters. Recommended equipment, ideas and directions for constructing devices for programs, and a section on awards are included in the appendix.

Trends for the Handicapped. Arlington, Virginia: National Recreation and Park Association, Park Practice Program (1601 North Kent Street), July/August/September 1974.

This special issue of *Trends* is designed to sensitize park and recreation personnel to recreational and leisure needs of persons with various handicapping conditions. General theme of this publication is in making parks and recreation areas accessible to *everyone*. A bibliography on planning for physically impaired and listings of films and public and private agencies working in this area provides valuable information.

The Winter Park Amputee Ski Teaching System, second edition. Hal O'Leary. P.O. Box 76, Hideaway Park, Colorado. 1974.

The three track method of teaching amputees to ski is presented in this well-illustrated and easy to understand manual. Problems unique to amputee skiers are discussed in terms of their implications to the amputee skier; practical solutions for each situation are presented. Specific performance goals and step-by-step progressions are provided for basic skills.

Teaching the Blind to Ski. National Inconvenienced Sportsman's Association, 3738 Walnut Ave., Carmichael, California 95608. nd.

This guide provides essential information for instructors who wish to urge the blind to ski. Psychological implications for ski instruction, communication patterns to establish rapport, techniques for moving, and a method for training ski instructors of the blind are all outlined.

National Amputee Ski Technique. National Inconvenienced Sportsman's Association/National Amputee Skiers Assoc. 3738 Walnut Ave., Carmichael, California 95608. nd.

This book is a product of 17 years experience with amputee skiing. It is designed as a guide for amputees and their instructors. This skiing system has been structured to be adaptable to any of the diverse approaches using the American method as a framework. The book is relatively universal since it evolved from biped techniques.

Handtalk: An ABC of Finger Spelling & Sign Language. Remy Charlip and Mary Beth. New York, New York: Parents' Magazine Press (52 Vanderbilt Avenue), 1974. $4.95

Extraordinary color photographs bring to life an exciting nonverbal game for all children. This unusual picture book will help children learn the alphabet word concepts, and sentence structure by using hands and body to communicate in a new and wonderful way. This book explains both *finger spelling*—where each word is spelled out letter by letter with the fingers—and *signing*—where an entire word or idea is covered by making a picture or a sign with one or both hands. It is also an activity book, children can develop secret language and their own secret codes. Contents enrich language arts programs as well as open a new way of communicating. This method is being used increasingly as a primary means of communication or to reinforce words and concepts with severely and profoundly retarded and autistic as well as hearing impaired children.

Integrating Persons with Handicapping Conditions Into Regular Physical Education and Recreation Programs. Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, December 1974. $2.00. (Developed and printed as a service of the Information and Research Utilization Center in Physical Education and Recreation for the Handicapped Project OEG-0-72-5454-233563, Bureau of Education for the Handicapped, U.S. Office of Education, DHEW.)

An analysis of selected research and program literature to mainstream individuals with various handicapping conditions into physical education, recreation, and related programs. Analysis provides state-of-the-art statements about: (1) integrating students with handicaps into regular public school athletic and intramural programs, (2) integrating ill, impaired, and disabled individuals of all ages into community recreation programs, (3) integrating impaired and disabled campers into ongoing camp situations originally designed for nonhandicapped children and youth, (4) integrating visually impaired people into existing physical education and recreation programs, (5) curriculum or model program descriptions for integrating handicapped children into regular classroom situations with provisions for physical and/or recreational activities, and (6) attitudes of handicapped participants, their peers, and personnel in integrated physical education and recreation. Each section includes discussion and delineation of future needs, list of references and selected audiovisual aids is included.

One Out of Ten: School Planning for the Handicapped. New York, New York: Educational Facilities Laboratories (850 3rd Avenue), 1974.

This report deals with implications of new laws and alternative methods of educating impaired, disabled, and handicapped children in public schools. Schools and other public service agencies are beginning to share staff and pool resources to build new systems of treatment and education for special populations. Innovative alternatives from various on-going programs are presented to assist school districts in developing the continuum of services between unmodified everyday classrooms and residential hospitals needed to serve all children with mental, physical, learning, emotional, and multiple conditions for whom they are responsible. The changing mandate for special education is dealt with in terms of legislation and litigation, least restrictive environment, trend toward home schools, and the cascade approach to special education. A listing of information sources and resources is included.

Playscapes. Washington, D.C.: Association for Childhood Education International, 3615 Wisconsin Ave., NW, 1973.

Learning experiences, as this bulletin points out, are all around us—not confined to a classroom. Well-designed playscapes give children opportunities to learn through discovery. When playscape design is such that a leader can give almost constant but unobtrusive guidance to children's activities, outdoor playscapes can become educational laboratories in the broadest sense. Playscapes encourage play to mesh with learning and teachers to learn about and from their children. All too often teachers consider outdoors play as a recess from learning. The suggestions in this bulletin challenge them to see how they can transform their recess playground into playscapes rich in fun and experiential learning.

Special Olympics Poly Hockey, Massachusetts Special Olympics, 63 Winslow St., Marshfield, Massachusetts, n.d., Jim Morrison.

This instructional manual introduces poly hockey to individuals interested in conducting or sponsoring this activity in sports programs for mentally retarded boys and girls of all ages and ability levels. Poly hockey can be played indoors or outdoors using polyethylene plastic hockey sticks and pucks. The manual includes descriptive sections on equipment, playing area, team play, the game itself, scoring, goal tending, rules infractions and penalties, players and what they do, and techniques and drills for stick handling, shooting, passing, and defense. History and development of poly hockey as a competitive event in the Massachusetts Special Olympics through public school and community recreation programs are also discussed.

Growing Places. New York, New York: Schoolworks, 22 E. 89th Street, n.d. $1.00

Growing Places is neither a catalog for buying things nor primarily a set of instructions for building them, although these are included at times. The authors call it a used newspaper—it contains news that is not so new. It includes stories of projects and experiences with children, ideas to be shared, and information about planting and care of growing places. Well illustrated, this 20-page newspaper includes physical and recreational devices that can be easily made, improvised, and developed for physical education, play, and backyard purposes. Practical ideas deal with what can be done with floors, walls, ceilings, ladders, gutters, and make believe. Examples of how people have used their imaginations provide helpful suggestions for others to build their own rockets to the moon. However informally stories are told, each contains information which can be helpful in making the child's experience in those places richer. All ideas have been implemented or tested and they seem to have worked.

Where the Children Are. A Slide Show on Institutions and Alternatives. Syracuse, New York: Human Policy Press (P.O. Box 127, 13210).

A strong case for deinstitutionalization of mentally retarded persons is presented by this slide program, which includes a script and 129 slides. History of institutions for retarded persons is explored, with vivid examples of institutions' dehumanizing effect on individuals. A recently constructed institution illustrates how little progress has been made in custodial care. The second half of the slide program is devoted to alternative methods of treatment and care, such as day care and integration of retarded persons into public schools and regular classes. The slide program is a powerful statement on mainstreaming and has great impact on viewers.

Physical Activities for Individuals with Handicapping Conditions. Dolores Geddes. St. Louis, Missouri 63141: C.V. Mosby Company, 11830 Westline Industrial Drive. 1974. $4.95.

Provides practical information for modifying physical activities for individuals with handicapping conditions such as subaverage intellectual function (mild to moderate and severe/profound degrees), learning problems, visual impairments, hearing difficulties, orthopedic conditions, and emotional problems. The book is aimed toward physical education and special education teachers, recreational leaders, volunteers, aides, and personnel from related therapies. A *noncategorical approach* to physical education and recreation for individuals with various handicapping conditions is employed; program activities based upon individual social-emotional, mental and physical functional levels of each participant are suggested. Contents include (1) examples of behaviors that might be developed by participants, (2) sequences of developmental activities, (3) suggestions for general and specific activity modifications, (4) behaviors to be developed in courses of adapted physical education or physical education and recreation for the handicapped, or in-service training programs, (5) references for evaluative criteria, (6) information about equipment and supplies, and (7) data about national resources and listing of audiovisual aids.

Handicapped Children in Head Start Series. Reston, Virginia: Council for Exceptional Children Head Start Information Project, 1920 Association Drive.

This series of eight publications contains articles, monographs, and directories on topics related to comprehensive program development for preschool handicapped children. Some publications in the series were developed by special consultants while others were identified from existing literature and reproduced. Titles and tentative costs of individual publications are: ***Selected Readings in Early Education of Young Handicapped Children*** ($3.50); ***Directory of Head Start Audiovisual Professional Training Materials*** ($3.50); ***Directory of Instructional Materials*** ($1.75); ***Meyer Children's Rehabilitation Institute Teaching Program for Young Children*** ($3.50); ***Homemade Innovative Play Equipment*** ($3.00); ***Training of Non-Professionals in Early Childhood Education Centers*** ($2.35); ***Working With Families: A Manual for Developmental Centers*** ($2.75); ***Utilizing Resources in the Handicapped Services Field: A Directory for Head Start Personnel*** ($4.35); Complete ***Series*** ($22.25). Although only a limited quantity of the ***Series*** has been printed, each book in the ***Series*** will be made available to you if there is sufficient demand. Express your interest by contacting the Council for Exceptional Children.

Volunteers in Rehabilitation. Stanley Levin, project director. Washington, D.C. 20014: Goodwill Industries of America, National Auxiliary to Goodwill Industries, 9200 Wisconsin Avenue, 1973.

This series of handbooks was prepared to assist with organizing and administering effective volunteer programs in rehabilitation facilities serving handicapped and disadvantaged persons. Specific suggestions proposed in the handbooks should be considered and applied in relation to circumstances particular to each facility. Of fundamental importance is recognition that programs designed to serve people have greater potential for effectiveness if they provide for and encourage innovation, flexibility, and individual initiative. The twelve handbooks in the series are entitled: ***Why Involve Volunteers?, How Volunteers Can Help, How to Organize a Volunteer Program, How to Administer a Volunteer Program, How to Recruit Volunteers, How to Interview and Place Volunteers, How to Prepare Volunteers to Help, How to Supervise and Evaluate Volunteers, How to Motivate Volunteers, How to Incorporate Group Volunteering, How to Assure Responsible Volunteering***, and ***Catalog of Resources.*** These handbooks, individually and collectively, provide a sound basis for persons responsible for programs and activities involving volunteers.

Movement Experiences for the Mentally Retarded or Emotionally Disturbed Child. Joan May Moran and Leonard Harris Kalakian. Minneapolis, Minnesota: Burgess Publishing Company, 7108 Ohms Lane. 1974. $9.95.

Movement experiences as included in this publication are all of those activities which involve movement of the entire body or its various parts — alone, in combination with another child or group of children, and with or without the use and/or manipulation of small or large equipment. Contents include chapters on basic physical and motor fitness, basic motor patterns and skills, play therapy, movement education, music, rhythms and dance, perceptual motor development, developmental gymnastics, swimming and water related activities, integrating movement experiences with other school related subjects, and innovative equipment. The book, profusely illustrated, has been written as a tool for use by the educator in providing individualized and meaningful movement experiences.

Every Child A Winner with Improvised Physical Education Equipment. Ocilla, Georgia: Irwin County Middle School, 1973. $5.00.

This booklet is the culmination of three years of effort by parents, school, and community to make every child a winner through elementary physical education. Equipment constructed as a part of the Health and Optimum Physical Education Project is described in a step-by-step guide for building; detailed drawings and cost estimates are included. Sections include ***What to do with no money*** (i.e., tire climb, can stilts, lummi sticks), ***What to do with some money*** (parachutes, balance boards, yarn balls, box hockey), and ***What to do with enough money*** (i.e., gym-Jim set, challenge course, uni-ladder, parallel bars). Many other ideas are included on equipment and devices that have been field-tested on the site of the federally-funded project.

Instant Art Lesson Plans. Helen S. Carkin. Dubuque, Iowa 52001: Kendall/Hunt Publishing Company, 2460 Kerper Boulevard. 1973.

This book provides the teacher/leader with 60 art projects in lesson plan form. In each lesson a specific technique is taught which can be applied or modified to involve many different art projects. An attempt has been made to group projects that can be made from art materials commonly found in school supply rooms. Each lesson or project plan includes ***specific objectives*** to help provide reasons for teaching that lesson or doing a particular project; materials needed; motivational techniques; presentation or demonstration of the step-by-step process; and evaluation procedures. Each project is fully illustrated to give additional guidance and direction to those using the publication.

Challenge BOOKS

The Hirshoren and Lloyd Bibliography on the Dual Handicaps of Hearing Impairment and Mental Retardation. Washington, D.C.: American Association of Mental Deficiency, 5201 Connecticut Avenue, N.W. $1.50.

Sensory Integration and Learning Disorders. A. Jean Ayers. Los Angeles, California: Western Psychological Services, 12031 Wilshire Boulevard. 294 pp. $12.50. Develops a model of sensory integrative processes and their malfunction/intervention programs stressing control of sensory input and eliciting adaptive responses through purposeful activities.

Touching: The Human Significance of the Skin. Ashley Montague. New York, New York 10025: Columbia University Press. 1971. 292 pp. $8.95. Explores the significance of touching on physical and mental health, on sexual behavior, and on perceptual development. Concerned with the importance of tactile experience.

Teaching Swimming to the Handicapped. Don McCain. Escondido, California 92025: 619 Nancy Street (purchase directly from author). $1.50.

Influence of Sports Activities on Rehabilitation of Paralytic Subjects: A Study of the Physical and Psychological Impacts. Tel Aviv, Israel: Orient Ltd. 1967. 123 pp. Deals with post-poliomyelitis subjects for whom positive effects on both physical and psychological functioning were found through sports activities. Includes descriptions of necessary equipment and costs for developing a recreation center for disabled persons.

National Park Guide for the Handicapped. Washington, D.C. 20402: Superintendent of Documents, U.S. Government Printing Office. 1972. 80 pp. 40c.

Arts and Crafts for Special Education. Maryan T. Winsor. Belmont, California 94002: Fearon Publishers, 6 Davis Drive. 1972. $2.95.
This publication provides easy-to-follow directions for more than 100 projects designed to entertain, stimulate, and encourage children in special classes. Projects were selected for their simplicity and because they require only a short time to complete. Yet each produces interesting and attractive results and affords the child a sense of achievement and pride. The book is organized by months from September through June. If a holiday occurs in a month, there are suggestions for craft ideas that are appropriate for the particular holiday. Other activities relate to school events or to traditional activities for a given month. Activities take advantage of materials that are readily available during certain months. A description of necessary materials and complete directions are provided for each activity. Illustrations are provided for projects that benefit from additional visual explanation.

The Beanbag Curriculum. Quentin A. Christian. Wolfe City, Texas 75496: The University Press. 1973. 72 pp. $3.10 paper, $3.95 plus tax for cloth edition.
The title of this book was chosen to promote the idea that simple objects may be used to great advantage as educational tools. Many junk items can be used in very creative and exciting ways in physical activity programs. Included are hundreds of activity ideas centered around the use of homemade equipment such as broomsticks, beanbags, streamers, flash cards, ropes, and tires. In addition, sections deal with balance beam activities, homemade balls, hand-eye coordination games, finger fun, and many other practical, easy-to-do, and fun activities. Each section includes methods of constructing equipment and numerous activity ideas. Many photographs and illustrations make ideas easy to understand and use. Suggestions as to various types of junk materials which can be obtained add to the value of the publication.

"Psychological Effects of a Special Summer Camp on Juvenile Diabetics." Ronald K. McCraw and Luther B. Travis. ***Diabetes: The Journal of the American Diabetes Association*** (April 1973, Vol. 22, No. 4, pp. 275-278). A group of children (N - 110; 70 boys; 40 girls) with diabetes mellitus were evaluated for self-esteem (Coopersmith Test of Self Esteem) and manifest anxiety (Children's Manifest Anxiety Score) before and after attending a special summer camp. Both boys and girls showed significant increases in their self-esteem and decreases in manifest anxiety. In both areas, girls showed a greater improvement than the boys, but this was thought to be due partially to the lower initial self-esteem in the females. A comparison was made between these children and a matched group of diabetic children who did not attend camp. In this group, there was also an improvement in both variables on retesting. Improvements for the camp group were always greater than for controls, but only in the case of female self-esteem was the difference statistically significant.

"Participation of Epileptic Patients in Sports." Samuel Livingston and Wulfred Berman. ***Journal of the American Medical Association*** (April 9, 1973, Vol. 224, No. 2, pp. 236-238). Concludes, "...until definite proof is presented that chronic head trauma precipitates preexisting epilepsy, we disagree with prohibition relative to participation of epileptic patients in tackle football and other body contact sports. Even though a child may have an occasional seizure, there is no valid reason for major restrictions in the performance of normal childhood activities except for those that may be associated with a significant risk of injury such as horseback riding, climbing to high altitudes, and diving into deep water. There is always a certain hazard in life for everyone, and in some instances, this may be greater for the individual with epilepsy. However, the disadvantage of the increasing hazard, if it is a reasonable one, is offset by the advantages of a normal life."

Have you heard about IRUC?

IRUC has been created to help YOU program for individuals with handicapping conditions. IRUC stands for *Information and Research Utilization Center in Physical Education and Recreation for the Handicapped*, a project of the Unit on Programs for the Handicapped, AAHPER. It is funded by a grant from the Division of Research, Bureau of Education for the Handicapped, U.S. Office of Education.

Gymnastics for Elementary School Children. Garland O'Quinn, Jr. Austin, Texas: University Stores, Inc., P.O. Box 1441. 1973. $4.95.

Although this book is designed specifically for children in the elementary grades, illustrated movements are appropriate for junior high school students who have not had background in gymnastic activities. Approaches and activities described have been used successfully with mentally retarded children of various ages and abilities. These techniques have been part of workshops, institutes, and clinics in developmental gymnastics for persons involved in physical activity and recreation programs for the mentally retarded. A teacher/leader can control body development through discreet selection of specific physical movements. This strengthens the importance and role of the teacher/leader. No longer does one have to ***hope*** that children get proper exercise and activity as this book attempts to guide teacher/leaders in selecting activities designed to promote specific physical qualities important in the overall development of children. Chapters present progressive and sequential activities related to free movement, playground ropes, tumbling benches, horizontal bars, balance beams, tumbling tubes, mini-trampolines, gymnastic shows, and summer recreation activities. Containing illustrations, concise explanations, graded progressions, and helpful hints, this is a functional and practical publication regardless of the reader's background and experience in gymnastic/tumbling activities.

Mary Lee Cathey. "For Assisting Only!" *NAGWS Aquatics Guide*. Patricia Davis, editor. Washington, D.C.: American Alliance for Health, Physical Education, and Recreation, 1975, pp. 29-32.

Feasibility of teaching lifesaving skills to 14 to 16 year olds classified as educable mentally retarded or slow learners is discussed. Briefly detailed are personal safety and lifesaving skills, such as survival float, treading water, disrobing, and elementary forms of rescue, that these youths could confidently handle.

Watch Me Learn to Swim, for beginners, and *Watch Me Swim*, for level II swimmers, are given to all participants in the St. Louis County (Missouri) Special School District's instructional swimming program. A different swimming skill is illustrated on each page of the booklets. Color-coded instructor's sheets are provided to sequentially follow the booklets. Booklets and further information may be obtained from Special School District of St. Louis County, 12110 Clayton Road, Town and Country, Missouri 63137.

Edward N. Peters, Muriel W. Pumphrey, and Norman Flax. "Comparison of Retarded and Nonretarded Children on the Dimension of Behavior in Recreation Groups." *American Journal of Mental Deficiency*, July 1974 (Vol. 79, No. 1), pp. 87-94.

Michael G. Maksud and Lyle H. Hamilton. "Physiological Responses of EMR Children to Strenuous Exercise." *American Journal of Mental Deficiency*, July 1974 (Vol. 79, No. 1), pp. 32-38.

Dorothy H. Gampel, Jay Gottlieb, and Robert H. Harrison. "Comparison of the Classroom Behavior of Special Class EMR, Integrated EMR, Low IQ, and Nonretarded Children." *American Journal of Mental Deficiency*, July 1974 (Vol. 79, No. 1), pp. 16-21.

Stephen A. Richardson, Linda Ronald, and Hubert E. Kleck. "The Social Status of Handicapped and Nonhandicapped Boys in a Camp Setting." *The Journal of Special Education*, Summer 1974 (Vol. 8, No. 2), pp. 143-52.

Timothy M. Flynn. "Regular Class Adjustment of EMR Students Attending a Part-time Special Education Program." *The Journal of Special Education*, Summer 1974 (Vol. 8, No. 2), pp. 167-74.

Jerry Freischlag. "Competition and Physical Education for the Handicapped—How Compatible Are They?" *The Physical Educator*, March 1974, pp. 42-43.

Elizabeth Ogg. *Securing the Legal Rights of Retarded Persons*. New York, New York: Public Affairs Committee (381 Park Avenue South), 1973. 35¢.

Evelyn West Ayrault. *Helping the Handicapped Teenager Mature*. New York, New York: Public Affairs Committee (381 Park Avenue), 1973. 35¢.

Journal of Developmental Disabilities, P.O. Box 8470, Gentilly Station, New Orleans, Louisiana 70182.

Articles designed to meet needs of involved professionals regardless of professional identification or affiliation. Issued quarterly with periodic issues devoted to single topics; contains both research and functional articles to help concerned specialists; serves to facilitate interdisciplinary dialogue; focus is on entire range of problems that fall under the umbrella of the term developmental disabilities; each department appears regularly and is edited by a recognized professional in the area. $10.50 per year.

Journal of Leisurability, Box 281, Station A, Ottawa, Ontario, Canada.

A Canadian quarterly concerned with leisure and the disabled; includes articles and materials on such topics and concerns as working with volunteers, adapted activities for the physically handicapped, fitness for senior citizens, status of recreation for special groups in Canada, problems of team approaches to rehabilitation, and why not use children's approaches in working with adult mentally retarded persons. $9.00 per year or $8.00 per year if five or more are mailed to a single address.

Therapeutic Recreation Information Center (TRIC), University of Oregon, 1597 Agate Street, Eugene, Oregon 97403.

A computer based information acquisition, storage, and dissemination center specifically concerned with published and unpublished materials related to recreation service to ill, disadvantaged, disabled, and aging persons; provides comprehensive annotated bibliographic reference materials to educators, researchers, students, practitioners, or others interested in therapeutic recreation for special groups or individuals in need of services; contact TRIC directly for specific information and materials about services and costs.

VII. FILMS

***Playground* (16mm, sound/color, 7 minutes). ACI Films, 35 West 45th St., New York, New York 10036. Purchase $110.**

This is one title in a starting to read series suitable for pre-school, kindergarten, head start, primary classes, and special education on the elementary level. Words taught through a catchy song are *play, climb, swing, throw, catch, slide, jump, stop,* and *go*. Typical playground activities provide motivating visualization through jump ropes, apparatus, tunnels, water play, sprinklers, sand play, and a horizontal swing. The film can be used for multiple purposes promoting a core curriculum concept developed around a playground and its related activities.

***Coming Home* (16mm, sound/color, 27 minutes). The Stanfield House, P.O. Box 3208, Santa Monica, California 90403. Purchase, $300; rental $25.**

This film is about a girl in her late teens who leaves a state institution to live in a community residential house for retarded young adults. There she becomes a member of a family with 11 other retarded young adults, and begins a training program that emphasizes use of community work and play resources, recognizing her right to full citizenship and self-actualization. The film also features the young woman's neighbors, some who have come to know her as a helping friend and others who are considering ways of removing the home from their neighborhood. Fears and misconceptions held by these neighbors are aired at a public meeting with the director of the home. The director's answers are persuasive, but do not prevent a call for the motion to retain a lawyer to remove the home. As the roll call vote is begun, the viewers will find themselves silently considering their own feelings about the family in this home.

***1975 International Special Olympics Games* (16 mm, sound/color, 23 minutes). The Joseph P. Kennedy, Jr. Foundation, 1701 K Street, N.W., Suite 205, Washington, D.C. 20006**

The CBS sports team, Pat Sommerall, Rick Barry and Phyllis George, captures the meaning and excitement of sports participation by mentally retarded individuals—3,200 of them who attended the Fourth International Special Olympics Games held August 7-11, 1975 at Central Michigan University, Mount Pleasant, Michigan. Eight Special Olympics sports are shown—track and field, swimming, diving, basketball, gymnastics, floor hockey, bowling and wheelchair events. The film is the best description of the Special Olympics program, sponsored by The Joseph P. Kennedy, Jr. Foundation, and shows the importance, not of winning, but of mentally retarded athletes taking part in sports competition.

A Matter of Inconvenience, Stanfield House, 900 Euclid Ave., Santa Monica, California 90403. 16mm, color, sound, 10 minutes.

On the wintery slopes of Lake Tahoe, Nevada, we meet an unusual, enthusiastic group of young people. All these skiers are either blind or an amputee. None, however, accepts the stereotype of helplessness. Instead, they exemplify the fact that an impairment or disability does not have to be handicapping. As the camera follows the skiers over the slopes, the impact of this distinction is very clear. Intermixed with shots of active participation are comments on why and how each has overcome his limitations.

. . . Two, Three, Fasten Your Ski. Children's Hospital, 1056 East 19th Ave., Denver, Colorado 80218. 16mm, color, sound, 17 minutes.

Although individuals of all ages with all levels and types of amputations are shown skiing, emphasis of this film is on children in general and participants of the ski program at Children's Hospital, Denver, in particular. Personnel involved in the program discuss values of skiing in rehabilitation, recreation, and therapy. One of the prime aims of the film is to create interest and awareness in skiing in amputees themselves and the general public.

***Let Me Live in Your World* (16mm, color/sound, 24 min., $450 purchase). Premru Productions, #13831 Cherry Creek Drive, Tampa, Florida 33618. Also available in 8mm color/sound cassette for $99.95.**

This presents the true and inspiring story of Ted Vollrath, double-leg amputee who has earned a black belt in karate. Told in his own words, this is truly a story of one man's fight for a new life. It will bring new hope and opportunities for countless others in changing attitudes and prejudices so often more crippling than any physical condition. In hearing and seeing Ted Vollrath in action, people with various physical conditions will see what they, too, can accomplish. No goal is out of reach with persistent effort. He is seen both learning and teaching karate. Especially moving are scenes in which Ted works with severely physically impaired youngsters.

***Free* (16mm, sound, color, 18 minutes.) Hawaii Association for Retarded Children, 245 North Kukui Street, Honolulu, Hawaii 96815. Purchase, $150**

Severely/profoundly mentally retarded and multiple handicapped individuals are in too many cases still isolated from society and deprived of opportunities to be freed from their bondage. A program for young children conducted by the Hawaii Association for Retarded Children is presented in this film. This program is based on the premise that every child is capable of learning, playing, smiling, and being a part of society. Type or degree of condition need not limit participation and learning through classroom activities, arts and crafts, music and rhythmic activities, toy play, puppetry, perceptual-motor and physical fitness activities, field trips, trampoline activities and swimming. The emphasis is upon fun and enjoying oneself. Numerous activities and skills learned spontaneously by most individuals must be taught to these populations. Benefits of approaches that stress active participation are vividly expressed as happiness on each youngster's face. Learning through much practice, patience, and acceptance by leaders is vital for reaching and teaching these individuals. Planned opportunities to stimulate these children and increase both range and quality of their experiences begin with simple, basic activities of daily living and extend into a variety of recreational and social activities in the community. This is a positive film that shows what can be done when dedicated people want to make these individuals free and give each a life worth living.

Chance to Live. (16mm, color/sound, 18 minutes). South Carolina Association for Retarded Citizens, 1517 Hampton Street, P.O. Box 1564, Columbia, South Carolina.

Describes problems facing parents of mentally retarded children and the need for community services, day care programs, developmental centers, sheltered workshops, and group homes. Although the film focuses on South Carolina, its contents can generally be applied to other states. Interrelationships among day care programs, developmental center activities, sheltered workshops and employment, and halfway houses are dealt with in terms of requisite skills and competencies. Emphasizes the importance of personal success and providing services at the community level rather than in institutions. Also stresses that a home atmosphere at all levels is a means of helping each individual find *his* place in the world.

Outdoor Play – A Motivating Force for Learning. (16mm, color/sound, 19 minutes). Campus Films, 20 East 46th Street, New York, New York 10017.

Based on the theme that outdoor play is a limitless learning in which children interact with *things* and *peers*. Children from the Early Childhood Center, Queens College, New York are shown exploring the outdoor environment as they challenge themselves with feats of balance, strength, endurance, and locomotion. Use of homemade or natural equipment is shown throughout the film. Children at different ability levels are seen participating in noncompetitive activities using logs, horizontal bars, ropes, and obstacle courses. Each child uses equipment he has built in very personal and individual ways. Developmental differences are obvious as various age groups use the same equipment. Confidence through successful play motivates the child to reach out and accept new, more daring challenges.

Valley of Miracles. (16mm, color/sound, 24 minutes). Virginia Easter Seal Society for Crippled Children and Adults, P.O. Box 5496, 4848 Williams Road, Roanoke, Virginia 24012.

Camp Easter Seal, founded in 1957, shows that dreams tomorrow are realities today. This camp offers a variety of outdoor activities to both physically and mentally handicapped persons. In addition to showing active participation in swimming, arts and crafts, music, and sports, other aspects of the total camp effort, such as staff orientation and rainy day activities, are included. This camp program has enriched the lives of many people — campers, staff, parents, and professionals alike.

Testing Multihandicapped Children. (16mm, black and white, sound, 31 minutes). United Cerebral Palsy Research and Education Foundation, 66 East 34th St., New York, New York 10016.

Using three multihandicapped children as subjects, assessment and diagnostic procedures developed by Elsa Haeusserman, Department of Pediatric Neurology, Jewish Hospital, Brooklyn, New York, are presented and discussed. Ways and means of getting around sensory and motor problems and deficits that mask the true potential of a child are vividly shown. Common sense adaptations and modifications of various developmental scales and profiles make methods and approaches adaptable and applicable for many different groups and individuals. Emphasis is upon functional abilities, levels of understanding, and conceptual development of each child being tested. Procedures for communicating with those with little if any verbal language are extremely effective. As behavioral patterns reflect basic causes of problems and difficulties, findings and observations are translated into definitive conclusions with recommendations for ways and means of teaching and reaching the child.

Keep on Walking. (16mm, color/sound, 8 minutes). National Foundation, March of Dimes, Box 2000, White Plains, New York 10602.

This is a sequel to the film *Little Marty* and was taken three years after Marty served as poster boy for the National Foundation. Initially Marty is shown discussing with a class how his double arm prosthesis works; he answers questions of the students directly and in a manner that reflects great maturity for an eleven year old. In addition to scenes from his earlier childhood, Marty is shown putting on a golf green, bicycling, diving, swimming, playing pool, playing four square, as well as in art and writing activities. The importance of the attitude of his parents and brothers in helping him to develop such a degree of independence and self-reliance is emphasized in both word and picture.

Expanding Concepts of Assessing Minority Students. (16mm, color/sound, 28 minutes). Bradley Wright Films, 308 North Duane Ave., San Gabriel, California 91775.

Teamwork among teacher, counselor, compensatory education personnel, and parents in obtaining an accurate assessment of abilities of minority children in the Pajaro Unified School District (California) is shown. Emphasis throughout is upon getting at basic causes of educational and learning problems, many of which are caused by cultural confusion and language difficulties with English. An important adjunct to the total process is observation of the child in natural settings and with his peers — at play, on the playground, and in other nonschool settings. Both formal and informal sessions with student and counselor are shown and discussed. Some assessments are done in both English and Spanish to obtain a better idea of the basic capacity of the student as well as determining more accurately true and phantom learning problems. An important aspect of the total process is level of adaptive behavior as reflected through responsibility, dependability, judgment, maturity, ability to deal with problems, and self-confidence. Practical implications and applications are discussed so that the native tongue can become a stepping stone to progress and success. Follow-up and involvement of parents and family play an important part in the total process so that extra attention to meet special needs can be coordinated between home and school.

IRUC has an updated edition of their film guide available. It is completely annotated and contains roughly twice as much as the earlier edition.

Somebody Waiting (16mm, color, sound, 25 minutes). Berkeley, California 94720: Extension Media Center, University of California.

This is a story about children who live in Corcoran Cottage, Sonoma California State Hospital. They have severe cerebral dysfunction and are among the most physically, emotionally, and mentally handicapped children in society. They are totally dependent on the hospital staff for every physical, nutritional, and personal need. The film demonstrates that further handicapping can be prevented by appropriate environmental stimulation and therapeutic handling. It vividly shows that the children's response to loving care, new physical therapies, and new experiences — such as watching a chicken strut along a crib, holding a pet rabbit, or feeling a tree trunk, grass, or flower — is often dramatic though subtle. Some children for the first time are able to lift their heads, eat, smile, or respond to being held. In showing how life is improved for the children, the film is a powerful and effective tool for changing attitudes and improving care of these cases. The film discusses the staff of Corcoran Cottage and their improved morale as they learn to help the children. Rather than succumb to their feelings of helplessness and depression as they follow the sad routine of watching their patients slowly die, they decide on their own to reexamine and revise their traditional custodial care. They begin to learn, first from visiting professionals such as physical therapists and later from their own experience, how to make life more pleasant, interesting, and rewarding for both the children and themselves. They encourage the children's relatives to come and participate — to hold a child or to play — and local students volunteer to help. The film shows some results of their efforts, describes changes in their attitudes and practices, and records thoughts about their experiences and their consequent personal and professional growth.

the I in the beat (16mm, color, sound, 14 minutes). Buffalo, New York 14201: Greenberg May Productions, Inc., 148 Virginia Street. $150.00, $25.00 rental.

This is a documentary film about primary educable mentally retarded children from special education classes participating in a four-part Creative Arts Therapy Research Program encompassing sessions in ***dance, drama, art,*** and ***music.*** The film captures the children's experiences and responses to group therapy sessions. Music therapy as shown in this presentation is primarily concerned with effecting change through self-expression, release of emotions, relaxed group interaction, organization, and stimulation. Therapy begins for each child wherever he may be emotionally, physically, and mentally. Because music involves both emotional and physical responses, it was used to reach the children emotionally and to help them discover their physical and mental potential. Through listening, singing, instrumental and body rhythmics, improvisations, music games, and music dramas the therapist sought to strengthen auditory discrimination and retention, verbal and non-verbal expression, rhythmic responses, visual discrimination and retention, concept development, and socialization. Music offered the children an opportunity to vent their emotions in acceptable manners. The group process helped them develop social skills and become sensitive to needs and feelings of their peers. The variety of activities which were always coordinated with the other art therapies and frequently integrated into their classroom activities gave each child a broader awareness of the outside world. Through ***playing out*** many of their frustrations and conflicts, much of the therapeutic process took place. It is through ***the I in the beat*** that many of these children had their first experiences in self-discovery.

Note. Moving/Making/Me (see page 92) is another 16mm documentary film about this research project, focusing on dance and arts sessions of the program. An article about the project, "Creative Arts Therapy: Its Application in Special Education Programs," appeared in May/June 1973 issue of ***Children Today,*** a publication of the U.S. Department of Health, Education, and Welfare.

At Your Fingertips. New York, New York 10036: ACI, 35 West 45th Street.

This is a series of six films which deal with arts and crafts and show children making things out of familiar, easily obtained materials. Films are not strictly how-to-do its, but stress originality, creativity, and suggest ways to explore materials and techniques. In addition to introducing concepts and principles, each film suggests creative uses for common materials. They encourage children to use castoffs to make their own toys, gifts, projects, and to develop manual skills. Each film is 16mm, sound, color, and 10 minutes in length.

At Your Fingertips: Boxes. Visiting a supermarket we see a variety of boxes, cartons, and containers. Then at home these same boxes are transformed into other objects. Cereal boxes and milk cartons become cars, animals, and villages. Very large boxes, like those used in crating refrigerators, are made into playhouses and tunnels.

At Your Fingertips: Cylinders. Cinder or sewer pipes of all sizes are used for fun, exploratory activities. Paper towel cylinders are put together with metal fasteners and made into totem poles, racing cars, and puppets.

At Your Fingertips: Play Clay. A recipe for play clay — one cup salt, two cups flour, one cup water — provides practical and safe material for children to make various ornaments. Tempera paint or food coloring can be used to add color to the mixture.

At Your Fingertips: Floats. The introduction discusses why some things float and others do not. A variety of boats, animals, and rafts are shown. Some boats are complete with stabilizers, sails, masts, and other rigs.

At Your Fingertips: Sugar. Sugar dampened with water can be shaped with the hands or in molds made from balls. As the sugar dries it hardens in the shape. Spices, eggs, and other materials can be used to add to the effect of these objects — and, they're good to eat too! Molds can be lined with plastic to prevent sugar from sticking.

At Your Fingertips: Grasses. Clever arts and crafts projects and activities can be made using grass. Paper is placed over grass and rubbed with crayons for unusual and artistic effects. Different grasses provide unique ideas as to what can be made from them and how they can be used.

Special Children Special Needs (16mm, color/sound, 22 minutes). Campus Film Distributors Corporation, 20 East 46th Street, New York, New York 10017.

A sensitive and comprehensive developmental approach to educating young, multihandicapped children is presented. The film documents three adapted learning environments. They are an infant school, a preschool learning laboratory, and an outdoor therapeutic playground. The educational orientation of the program is developmental-interaction in that each child's therapeutic program is based on his specific abilities and disabilities. He is thus provided with maximum opportunity to be effective and more competent in his experiences with people and objects. Various program activities are shown at the Institute for Rehabilitation Medicine of the New York University Medical Center. Dramatic play, art, and academic readiness activities are included along with specific roles of physical therapists, teachers, and parents in the total program. The playground is designed so that each child has access to natural materials, experiences activities as freely and independently as possible, understands an outdoor environment, and has an opportunity to be outdoors in a protective environment. The philosophy of the program and intent of the film are summarized in final statements – by recognizing the worth and dignity of each individual as one able to use his assets, *every child is given a chance to grow.*

The Promise of Play (16mm, sound, color, 22-minutes). Bradley Wright Films, 309 North Duane Avenue, San Gabriel, California 91775.

This is a film report on a Title VI ESEA program of physical education for orthopedically handicapped children at Loma Vista School, Palo Alto (California) Unified School District. The program shown is designed to (1) involve severely handicapped children in games and activities enjoyed by their peers; (2) adapt equipment and activities to help each child succeed; (3) integrate orthopedically handicapped children more fully into regular school programs through games and sports; and (4) teach specific skills to enhance each child's physical health and self-image. In addition to a variety of developmental activities in which an orthopedically handicapped second grade youngster practices different physical and motor skills, the film shows the child participating with second grade classmates in relays which emphasize that individual differences do not need to keep people apart. As one of a team, every youngster must do his part.

Where Do the Children Play? (16mm, sound, color, 15-minutes). National Association for Retarded Children, 2709 Avenue "E" East, Arlington, Texas 76011.

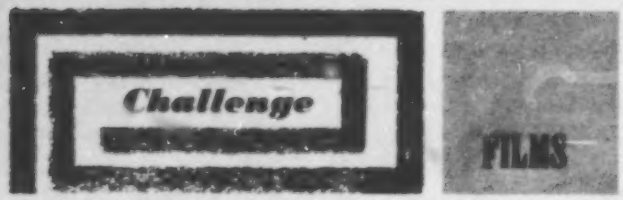
Today many severely or profoundly retarded children do not have to be institutionalized — they can live at home if there are appropriate services in the community to meet individual and family needs. This documentary stresses need for community day training programs for such children. In the film the hopes of a young couple are shattered when their first child is diagnosed as profoundly retarded. The option of community-based services is contrasted with the traditional alternative of institutionalization.

A Child is a Child (16mm, color/sound, 8 minutes). AIMS Instructional Media Services, P.O. Box 1010, Hollywood, California 90028.

Emphasis toward special education for children has gone so far that many educators, parents, and teachers-in-training tend to lose sight of the fundamental fact that ***a child is a child*** – whether sighted or blind, gifted or mentally retarded, mischievous or placid. This film shows children with and without handicapping conditions integrated in the Preschool Laboratory at California State University, Northridge. Emphasis is on similarities – not differences – among ***all*** children as erroneous ideas about working with children with handicapping conditions are dispelled. In dealing with preschool children in particular, those with various handicapping conditions must not be separated from childhood. They have much to give to and learn from one another. The key to success in reaching these children is to individualize according to the uniqueness of each one.

Moving/Making/Me 16mm, sound, black and white, 28 minutes). Realist, 196 North Park, Buffalo, New York 14216.

This is a documentary film of 13 primary educable mentally retarded children in dance and arts sessions which were part of a Creative Arts Therapy research program. The program consisted of individual sessions in each of four arts — music, dance, drama, art — to study their effects on the behavior of the children. The Creative Arts Therapy staff met once a week with the classroom teacher to discuss therapeutic and educational goals for each child. Participants included spastic cerebral palsied twin boys; a child with a congenital hip anomaly who wore corrective braces; five children with speech impairments; and two youngsters with moderately serious emotional problems. All the children had language disabilities; eight out of the thirteen were nonreaders; and several children came from homes in which the entire family was mentally retarded. The film moves from session to session in an attempt to show individual growth, to compare children with one another, or to compare a child's movement style with his art style. The film was not intended to transform the children's movement or art process but rather to reveal and amplify them. Basic exploratory/problem solving techniques are shown in both areas as emotions are worked out on materials and in movement. As the children experienced bending, twisting, pulling, pushing in dance with their bodies and in arts with materials, they were able to internalize these concrete experiences into workable language. For example, one boy chose to be a bird emphasizing the power of his wings. Later, in art, he made himself being a bird out of clay; the clay figure lacked legs. This was the boy who had a congenital hip anomaly and wore corrective braces! Throughout the film, there is a great deal of emphasis upon ***strengths*** rather than weaknesses of each child. It is recognized that some express feelings directly while others do so symbolically. The film vividly shows that the various processes involved in moving from individual to partner and group activities varied from child to child. Filmed sessions emphasize the more nonstructured, nontherapist directed activities because by the end of the program the children were more ready and able to express themselves.



Something Shared (16mm, color/sound, 13 minutes). National Association for Retarded Citizens, 2709 Avenue E East, Arlington, Texas 76011.

The NARC citizen advocate approach and project are seen in action. This program is a combination of the big brother, foster grandparent, and buddy systems. Different mentally retarded persons (proteges) are shown with their personal friends and helpers (advocates). Various roles are taken by advocates according to interests, needs, and abilities of each protege. This project is not limited to community settings as the program extends to and includes persons in residential facilities. Throughout the film comments and reactions of advocates and proteges are made as they participate in a variety of activities. The concept of the program, the human ecology movement, is emphasized throughout the film. Additional information about the citizen advocacy program is available from Max Addison at NARC.

If A Boy Can't Learn (16mm, color/sound, 28 minutes). Lawren Productions, Inc., P.O. Box 1542, Burlingame, California 94010.

Mike is a 17 year old boy with a learning disability. He is of normal intelligence but can't read or do math. He has been passed along through school, entering high school without completing elementary school. In addition to being a disciplinary problem, he has been a teaching challenge. Mike is seen in three different settings—at home on his father's ranch, in diagnostic situations, and in school. One of Mike's teachers persuades the boy's parents and the school administration to send Mike to the Learning Disabilities Center of the Pacific Medical Center for diagnostic work-up and testing. Later a learning disabilities specialist from the Medical Center confers with the boy's teachers. Together they improvise ways for using his best channels for learning (in this case through relating information to objects that can be handled). Mike's evident improvement unfolds on the screen and brings with it changing attitudes from self-hatred through constant failure to a more positive self-image due to increased progress. The theme is indelibly imprinted at the end of the film – ***if he can't learn the way we teach, we'd better teach the way he can learn!***

Three Wonderful Days (16mm, color/sound, 20 minutes). Texas Association for Retarded Citizens, 833 Houston Street, Austin, Texas 78756.

Presents the 1972 Texas Special Olympics state games held in Alamo Stadium and at Trinity College in San Antonio. Viewers are partners with participants as the Olympic torch is carried around the track and the traditional Olympic flame lit by one of the young athletes. The film shows track and field events, swimming activities, and participation clinics. Expressions of athletes, coaches, parents, and officials reflect the ways in which the program has influenced them. And many begin to plan for another three wonderful days next year.

T.R.E.K. (16mm, color/sound, 45 minutes). Tucson Public Schools, P.O. Box 4040, 1010 East 10th Street, Tucson, Arizona 85717.

This film (the title stands for tourism, recreation, education, knowledge) traces the 12 day bus trip of 33 mentally retarded students from Gump School in Tucson, Arizona through Arizona, Nevada, and California. The students, accompanied by two professional counselors and three volunteers are shown singing, exploring, hiking, and participating in fitness activities. Learning opportunities were plentiful as students contrasted and compared the unfamiliar with the familiar. They learned from good times as well as bad as the bus got stuck or broke down on four separate occasions. Social awareness and emotional stability developed as did confidence, initiative, and curiosity. The fact that children were more relaxed, less demanding, accepted new authority, and responded to directions effectively indicate the success of the trip.

Nobody Took the Time (16 mm, black and white/sound, 26 minutes). AIMS Instructional Media Services, P.O. Box 1010, Hollywood, California 90028.

This film addresses itself to the special education specialist who must come to grips with three, four, and five year old inner-city children handicapped with learning disabilities. These youngsters have met failure again and again and have come to distrust themselves, those they come in contact with, and their environment. It is the role of the teacher to reverse the child's concept of himself, and convince the child that basic trust in others is important. If a child cannot trust adults or his environment he will not be able to learn. Valid, workable, and educationally sound approaches to teaching the dysfunctional child, including structured classroom and playground techniques, are discussed and graphically shown. However, the first step is through love, care, and understanding – teaching each child as a unique individual. This film elaborates on the following areas which are important to the development of each child – permanency and sense of order, language development, awareness of surroundings, socialization, self-image and parent involvement. Group discussion and curriculum planning around these areas can expand a student's own awareness in preparation for teaching exceptional preschool children.

School Is for Children (16mm, color/sound, 17 minutes). AIMS Instructional Media Services, P.O. Box 1010, Hollywood, California 90028.

School is often a child's first experience away from home. This film involves special education for exceptional preschool children. Children in this film learn to master their bodies, share and interact with one another in specially designed group activities where each child can easily succeed. Carefully selected activities develop an exuberance for learning, gross and fine motor skills, self-concept, and social interaction.

Focus on Ability (16 mm, color/sound, 22 minutes). American National Red Cross, Washington, D.C.

This is a comprehensive presentation of teaching swimming to people with various handicapping conditions—cerebral palsied, orthopedically impaired, mentally retarded and emotionally disturbed, and those with sensory disabilities. *Focus on Ability* is more than a training film. It goes beyond techniques and clearly demonstrates the importance of warm understanding as basis for the important interpersonal relationship between student and instructor. Emphasis is upon abilities—not disabilities—of each participant and recognizing the worth and dignity of each participant. Viewers are able to develop greater sensitivity towards needs and personalities of individuals with various handicapping conditions. The film is an excellent companion to the new texts to assist volunteers and professionals in providing swimming and aquatic activities for special populations.

Aqua Dynamic Conditioning (16 mm, color/sound, 18 minutes). President's Council of Physical Fitness and Sports and National Varsity Club, Washington, D.C.

Casey Conrad, Executive Director of the President's Council on Physical Fitness and Sports, discusses and demonstrates development and maintenance of cardiorespiratory, abdominal, and upper arm endurance through planned water activities. Buoyancy and water resistance are important factors in aqua dynamic conditioning. Activities can range from extremely simple walking or moving specific body parts to complex modifications of synchronized swimming. Traditional calisthenics, various track flexibility and stretching exercises, as well as variations of swimming and aquatic activities can be adapted and used in this approach with individuals regardless of type or severity of handicapping conditions. Representative activities shown are low, high, power, and progressive bobbing with and without associated stretching movements. Simple and complex movements forward, backward, in, out, flex, and extend arms and legs.

Water Play for Teaching Young Children (16 mm, color/sound, 18 Minutes). New York University Film Library, 25 Washington Place, New York, New York 10003.

Children participating in the Vassar Preschool vividly show that playing in water is not only fun but educational. Children work long and hard in and with water exploring, concentrating, measuring, experimenting, and solving problems. Indoors or out, water play provides multi-sensory experiences, promotes language development, encourages children to work together, and develops concepts through increasingly complex activities. Tubs, water tables, and big pans are used indoors; playing in rushing streams, with syphons, and with plain water are examples of possible outdoor activities. Snow play and sand-mud play are special kinds of water play. Equipment and devices are easily and inexpensively obtained. While water play is often peaceful and soothing it can be a source for release of aggressions in acceptable ways. Versatility and flexibility of environments and water play games make it possible for children to take part in a range of experiences from simple to complex engineering projects. Although the film shows participants in a regular preschool, implications and applications for special programs for handicapped children are tremendous.

Those Other Kids **(16mm, color/sound, 25 minutes). At least one copy is available through the Special Education Division, State Department of Public Instruction/Education in each state.**

Basic to this presentation is the philosophy that *children are children* regardless of handicapping conditions. Children with special problems can learn and they have the legal right to receive every opportunity that is offered to their nonhandicapped peers. This film provides basic information about the development of special education. It presents legal developments that have guaranteed the *right to education* for every child regardless of the type or severity of his condition. Information about the 1954 Supreme Court desegregation decision and its implications as related to educational opportunities for all children is included. In addition, cases affirming equal educational rights for all children are presented. These cases deal with the Pennsylvania Association for Retarded Children and the District of Columbia.

Bases for due process are discussed in terms of prior notification, impartial hearings, representation by counsel, examination of evidence before trial, review of evidence and presentation of witnesses, right to cross examine, independent evaluation of the child, and accurate records of hearings. The full continuum of special education services is presented and discussed including regular classroom placement services with or without consultation services and/or itinerant teachers; regular classroom placement services plus resource room and/or specialist assistance; regular and part time special class placement services; full time special class placement; special day school services; residential school placement; and hospital placement services.

Safety As We Play and Playground **(each is 16mm, color/sound, 7 minutes). ACI Films, 35 West 45th St., New York, New York 10036.**

Two titles suitable for pre-school, kindergarten, Head Start, primary classes, and elementary level special education programs. *Safety As We Play* is part of a start to read series which can also be used as a base for discussion and application in various play activities. Words such as left/right, walk/don't walk, light, go/stop, look, and wait are presented in typical situations such as crossing streets, singing, riding bikes, flying kites, and playing games. The film's theme is safe and happy places to play. *Playground* is another film in a start to read series. An appealing song explains play, climb, swing, throw, catch, slide, jump, stop, and go. Typical playground activities provide motivating visualization with jump rope, apparatus, tunnel, water play, sand, and horizontal swings. The film can be used for multiple purposes promoting core curriculum concepts developed around a playground and related activities.

The Fun With A Friend in the Gym **(16mm, sound/color, 6 minutes). Warren Johnson, Physical Development Clinic, University of Maryland, College Park, Maryland 20740.**

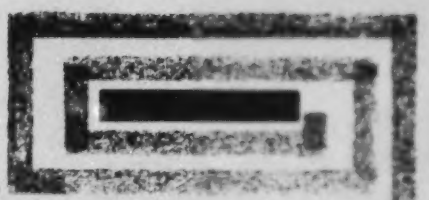
The Physical Development Clinic (University of Maryland, College Park) is presented in terms of its (1) purposes, (2) organization, (3) activities, (4) clinicians, (5) parental involvement, (6) methods, (7) participants, (8) rationale, (9) equipment and devices (including those that are innovative and automated), and (10) individualizing programs. This program has been in existence since the late 1950s and is the one after which many similar clinics at other colleges and universities have been patterned.

The Fun of Your Life **(16mm, sound/color, 17 minutes). The President's Council on Physical Fitness and Sports, 400 6th St., S.W., Washington, D.C. 20024.**

Charleton Heston narrates this film which deals with effects of inactivity on an individual, importance of remaining physically active throughout life, role of activity and exercise in maintaining high levels of cardiopulmonary fitness, problems of participating by oneself, and getting and staying in shape. Vignettes of various activities in PCPFS adult programs are shown—karate, tennis, table tennis, soccer, archery, diving, swimming, bowling, skiing, bicycling, golf, boating, volleyball, and badminton. Different age groups are shown taking part in a variety of individual, dual, and group activities. The Presidential Adult Award system is explained in terms of requirements, awards, availability, and procedures. Although impaired, disabled, and handicapped participants are shown or mentioned, all aspects of the film and its contents are appropriate for and applicable to special populations. General rationale as well as the specific award system are applicable to all individuals including those from special populations.

VIII. CROSS-COUNTRY CHALLENGES

News about programs and activities, methods and techniques, resource materials and teaching aids. Contributions to this column are welcomed.



Retarded Citizens Need Recreation Tool, a brochure published by the National Association for Retarded Citizens as part of a public information program made possible by a grant from Citizen Clubs of North America. This brochure, aimed at the general public and couched in lay terms, presents information about mental retardation, recreation, importance of recreation in general and for mentally retarded persons in particular. It explains needs and how each citizen can help make active participation in recreation a reality for every retarded person. Contacts and resources are listed. Information about procedures for obtaining copies in various quantities can be obtained directly from NARC, 2709 Avenue E East, Arlington, Texas 76011.

"The A-Frame Cargo Net: A Self-Contained Obstacle Course" is described in the spring 1974 issue of the *Louisiana Association for Health, Physical Education, Recreation Journal.* This apparatus lends itself to some new activities and to new combinations of traditional activities. It can be used for free, nondirected play as well as for structured activities. The A-frame cargo net, devised specifically for children with perceptual-motor problems, is a developmental piece of equipment with eye appeal which invites children to participate. It is fun for students and relatively easy to supervise. For additional information about the A-Frame Cargo Net, its construction, activities, methods, and assessment/diagnostic values contact Bobby L. Eason or Theresa L. Smith, Department of Health and Physical Education, University of New Orleans, New Orleans, Louisiana.

Parents and concerned professionals have been asking difficult questions recently. "Where can we get information about children's rights?" "Are there any resources available to help teachers respond to each individual child?" "How can we promote normalization in our own communities?" Written and visual resources to answer some of these critically important questions and to support all who work for change are now available from Human Policy Press, P.O. Box 127, Syracuse, New York 13210. Two slide programs, complete with script, deal with pressing issues of the day: (1) *Where the Children Are: A Slide Show on Institutions and Alternatives* (see page 85), and *(2) Children Learn Together: The Integration of Handicapped Children Into Schools.* The former is especially vivid and makes an extremely strong case for deinstitutionalization, normalization, mainstreaming, and related approaches designed to guarantee the worth and dignity of everyone regardless of type or severity of conditions. This is the type of presentation that needs to be shown widely by the mass media so the lay public can better understand and appreciate current trends in dealing with mentally retarded persons.

Scouting for the Retarded is a slide/audio cassette presentation made possible through the joint efforts of the Boy Scouts of America, North Brunswick, New Jersey and the National Association for Retarded Citizens (2709 Avenue E East, Arlington, Texas 76011). This program is set up to help communities, local ARCs, PTAs, service clubs, churches, and other organizations implement scouting activities for mentally retarded persons. Facts and fictions about both mental retardation and scouting are dispelled; emphasis is on similarities not differences between mentally retarded and nonretarded persons both in and out of scout programs. The slides show retarded scouts in action; the audiocassette is a record of the voices of them, their leaders, and their parents discussing the meaning of the program to each of them. Additional information about the presentation and opportunities for mentally retarded persons can be obtained from either Boy Scouts of America, North Brunswick, New Jersey or National Association for Retarded Citizens at the address above.

The Travelers Book of Children's Exercises from the Travelers Insurance Companies, Hartford, Connecticut, provides innovative, and practical ideas and approaches for parents to play with and help their children attain higher levels of motor development, physical fitness, and motor proficiency. Developmental activities are presented sequentially for three age groups: three to six, seven to nine, and ten to twelve. Indoor and outdoor games requiring little if any equipment are designed for child and parent so that each has fun in the process. Motivating devices and assessment techniques are included with the publication. This helpful guide should stimulate each reader to additional involvement through his own creative experiences.

Operation Together is a project of St. Louis State Hospital, 5400 Arsenal Street, St. Louis, Missouri, initiated to bring about positive changes in self-image of participants through a series of stressful and challenging outdoor experiences requiring problem solving behavior from each child. Sixty nine youngsters 9 to 16 years old took part in a series of 9 to 18 day outdoor adventures under the careful guidance of trained counselors. Activities included orientation and learning basic survival skills, backpacking, camping, canoe trips, and cave exploration. Most of the youngsters had severe family problems and had never been allowed to solve problems for themselves. By the close of the project, a great deal of praise was given for the successful impact these experiences had on the children who had participated. Preliminary test results substantiated successful impact on more than 80% of the severely disturbed participants with about 35% of the students being discharged from the hospital and returning to the community.

The 1975 International Special Olympics was the subject of a major segment of the CBS Sports Spectacular earlier this fall. The splendor of the games held in Mt. Pleasant Michigan in August, was presented with Pat Sommerall, Rick Barry, and Phyllis George doing outstanding jobs in narrating activities. This television program has been made into a 25 minute, 16mm, color film that can be obtained for use with groups and agencies of all types to acquaint them with Special Olympics. Contact The Joseph P. Kennedy Jr. Foundation, 1701 K Street, N.W., Washington, D.C. 20006 for details about obtaining this film. Other Special Olympics program materials including films, brochures, guides, rule books, training guides, newsletters, and certificates are also available.

Adventure playgrounds, the concept of play that challenges the inventive and imaginative minds of children have become firmly entrenched in Europe. Slow to start in the United States, there are now increasing numbers of playgrounds of this type springing up all over this country. One of the very successful ones is sponsored by the City of Huntington Beach, California Recreation and Parks Department. To assist other areas interested in establishing their own adventure playgrounds, the department has prepared a general how-to manual. The manual covering specific areas such as liability, supervision, aesthetics, noise, programing, can be obtained for $1.00 per booklet, by writing Bill Vance, Supervisor, Huntington Beach Recreation and Parks Department, P.O. Box 190, Huntington Beach, California 92648.

The need for a National Advisory Committee on Scouting for the Handicapped came about because of the growth in scouting for handicapped boys across the country. In May 1973 a resolution was passed at the National Council meeting of the BSA in Minneapolis, Minnesota to establish such a committee. Goals were established at the same time. William P. McCahill, long-time scout and executive director of the President's Committee on Employment of the Handicapped for 27 years, was elected to serve as chairman. The basic function of this committee is to give guidance and direction to the BSA on behalf of the handicapped. The National Council of the Boy Scouts of America is to be commended for its foresight in accepting a challenge and doing something about it by implementing a program of action through community organizations to serve a greater number of handicapped Americans. Contact Jack Richmond, Dir., Scouting for the Handicapped, Boy Scouts of America, North Brunswick, New Jersey, for information about scouting activities for special populations.

Under the leadership of Edward L. Schwar, Jr., Lancaster County, Pennsylvania is developing an architecturally barrier-free garden for the handicapped in Lancaster County Central Park. The park includes waist-high plantings, waterfalls that can be touched from a wheelchair, plants labeled in braille and large letters. Visitors to the park will be encouraged to feel, taste, and smell their surroundings. Cassette recorders will be provided to describe plantings and the area.

In Westmoreland County, Pennsylvania, handicapped residents will soon be able to fish at Twin Lakes Park near Luxor. Fishing piers for the handicapped are now available. Contact Carl Mancuso, County Parks and Recreation Dir., Westmoreland County, Pennsylvania, for more information.

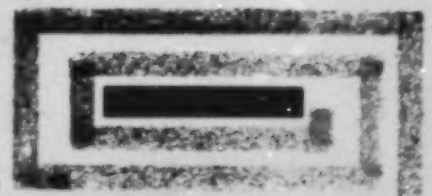
The Therapeutic Recreational Services Department, Child Development Center, Idaho Falls, Idaho, was given the Fitzhigh W. Boggs Award in Recreation at the National Association for Retarded Citizens' annual convention in Las Vegas in October. The award gives national recognition to the unit or program that has used physical and professional resources of its community most effectively in fostering the development or expansion of recreational services for mentally retarded citizens. Their comprehensive program satisfies the individual needs of retarded citizens and involves a well-rounded leisure program. Pioneering activities, an integral part of the program, include rafting, wilderness camping, fishing, and hiking. Winter activities also include hiking, camping, sledding, snow sculpture, snow shoeing, and skiing.

THE MILWAUKEE CITIZEN, a newsletter published every other month, is sponsored by the United Association for Retarded Citizens, 225 E. Michigan Street, Milwaukee, Wisconsin. The Citizen is staffed and written by retarded adults of Milwaukee County to provide retarded citizens with a free source of information and an outlet for talents of the staff and contributors. *The Citizen* staff is advised by Debbie Gillman, staff member of the United Association for Retarded Citizens, and Daniel Ullrich, associate editor of the University of Wisconsin-Milwaukee student newspaper. Opinions expressed in *The Citizen* are those of writers and editors, not of any group affiliated with *The Citizen*.

The Physical Activities Report is a new monthly newsletter just introduced to the field. Each *Report* contains practical, how-to-do-it, functional materials and information about various aspects of physical education/adapted physical education, recreation/therapeutic recreation, and related activity areas for impaired, disabled, and handicapped persons. In addition to newsletters, subscribers receive periodic premiums (e.g., *The Handbook of Physical Education and Activities for Exceptional Children).* Subscription rate is $36 per year payable on either annual or monthly basis. Contact Institute for Physical Education, IFM Building, Old Saybrook, Conn. 06475, for additional details.

Sport and Leisure Resource Centre for Special Populations has been designed to facilitate and improve delivery of sport and leisure service by professional and lay groups to special populations. Services include: (1) information retrieval and dissemination, (2) information compilation and publication for professional development, (3) consultation to practitioners, agencies, and communities, (4) research and evaluation. Details and additional information can be obtained from Joseph Levy, Director, Sports and Leisure Resource Centre for Special Populations, Dept. of Recreation, University of Waterloo,Waterloo, Ontario, Canada N2L 3G1.

Byron Welch, president of the National Society of Fund Raisers, outlined fundamentals of fund raising to delegates of a forum on fund raising sponsored by the National Association of Retarded Citizens. Characteristics that he listed ideally found in volunteers and professionals alike are those requisite for success in any endeavor: *character, thoroughness, diplomacy, perseverance, enthusiasm, resourcefulness, sincerity, judgment, knowledge,* and *industry.* Applied to fund raising, leadership is the key that ". . . brings people together to do a common work, and when the work is done, to recall only the victory, never the struggle."



Cross-Country Challenges

The Jacob L. Babler Outdoor Education Center for the Handicapped, located in the Dr. Edmund A. Babler Memorial State Park (Chesterfield, Missouri), was dedicated October 5, 1975. This facility was constructed with Bureau of Outdoor Recreation funds to meet a tremendous need for accessible recreation sites in the St. Louis area. A 1970 survey conducted by R. W. Booker and Associates for the Missouri State Park Board indicated 171,093 handicapped persons living within a 160-mile radius of St. Louis with very few opportunities for camping and other forms of outdoor recreation. The Babler Outdoor Education Center is free of most architectural barriers that prevent handicapped individuals from using other facilities. Eight cabins, a dining hall, and an administration-first aid building have been completed, with plans for eight more cabins, a swimming pool, arts and crafts building, recreation building, infirmary, and lake sometime in the future. All buildings can be used year round. The Center may be reserved by agencies and groups working for and with handicapped persons by contacting the Missouri Department of Natural Resources, Division of Parks and Recreation.

Thunderbolt *is a program of televised instruction for mentally retarded residents of the A.L. Bowen Developmental Center in Harrisburg, Illinois.* The program borrows from the super-hero concept, with *Thunderbolt* serving as a model for good academic and social behavior. Other characters in the television program are *Bad Bear* and *Rocky Raccoon.* Participants and the technical production coordinator of *Thunderbolt* recently were awarded Region 5 Recognition Award from the Illinois Department of Mental Health and Developmental Disabilities for their outstanding work in the series. For additional information contact *Thunderbolt* staff at A.L. Bowen Developmental Center, 1200 W. Poplar, P.O. Box 281, Harrisburg, Illinois 62946.

December 1, the popular television series Sesame Street *began its new season with weekly segments aimed at learning disabled children.* Every Wednesday the show's first 20 minutes are devoted to family play activities and simple cognitive skills for children with a mental age of three to five years. *Sesame Street* staff has researched methods of presenting material to learning disabled children, adopting the following guidelines for the 20-minute segments: dialogue must be short and simple; visual scenes cannot be too fast or cluttered; repetition is very important; and music helps a lot. Children's Television Workshop (CTW), which produces the show with funds from the Office of Education, is extremely interested in receiving feedback from teachers and parents. The Community Education Services Division of CTW will be distributing suggestions for post-viewing activities and program scheduling information to agencies for learning disabled children. Contact Children's Television Workshop at One Lincoln Plaza, N.Y. 10023, for further information or to comment on the new *Sesame Street* segments.

Each Friday nine students from Washington Elementary School, Mankato, Minnesota, travel to nearby Mankato State University for their weekly swimming lessons. The swimming program began four years ago with a dozen children and instructors, at the initiation of Margaret Buck (MSU Physical Education staff) and Barbara Graham (physical therapist for School District 77). Today children with cerebral palsy, muscular dystrophy, and spina bifida take six lessons in each of the three quarters of the academic year. The swimming program is a two way educational experience: the children learn aquatic skills, and physical education students learn about handicapped children and how to teach them. An evaluation of skills learned is made after each six-week unit, so that new student instructors for the following term will know what their students have attained. Progress in learning to swim has been slow but steady, and enthusiasm for swimming lessons is high. This program of teaching swimming to handicapped children will undoubtedly be a permanent feature in the physical education curriculum at Mankato State University. Address inquiries about the program to Margaret Buck, Physical Education Department, Mankato State University, Mankato, Minnesota 56001.

Retarded and Happy is the life story of Mary Lynne Kerr, a young woman who is mentally retarded. In her own words, Mary Kerr describes her childhood, friends who helped her, the meaning of religion in her life, her education, and living alone and working. Her fears, frustrations, dreams, and accomplishments are simply and eloquently expressed. Mary Lynne Kerr's story is not a plea for sympathy but for understanding. She offers insight that only a person who has *been there* could offer. This book may be ordered from Mary Kerr, Coats, Kansas 67028 ($1.40).

Parents of school-age children anywhere in the United States who want information on the law protecting children's privacy rights may call a toll free number–1-800-638-9675. The law gives parents the right to examine their child's complete school record and correct any false or misleading information. The law also prohibits school officials from showing the child's record to anyone without parental consent.

Handcrafters' News is a new monthly craft newsletter that hopes to serve as an information clearinghouse for profit-minded craftspeople and serious hobbyists. The newsletter recommends craft supplies after evaluation by *Handcrafters' News* Product Review Board; staff is also involved in searching out and recommending markets for craft products. The newsletter staff is currently trying to bridge the gap between craft designers/manufacturers and those therapists—recreation, occupational therapy, and rehabilitation—who utilize crafts in their programs. They are testing and evaluating craft supplies now on the market with the aid of interested therapists or institutions. Any school or agency serving a handicapped population may request a contribution of craft supplies and materials and will receive them *free* from the supplier, the only requirement being that participating agencies must test, evaluate, and comment on the usefulness and appropriateness of the craft products. If you would like to participate or want more information on the Handcrafters' News Market Research Craft Therapy Program, contact Arleen M. Landi, Managing Editor, *Handcrafters' News*, 808 High Mountain Road, Franklin Lakes, New Jersey 07417.

The Polk County, Iowa Association for Retarded Citizens, in cooperation with the Des Moines Public Schools, is sponsoring evening classes for mentally retarded teenagers from a local school and retarded adults in the community. Featured activities include basketball, sewing, swimming, square dancing, and cooking. Parents of retarded children are offered classes in estate planning, sterilization, Down's Syndrome, and psychological testing.

A unique line of swimsuits, designed with built-in flotation to assist the disabled, is being manufactured by Speedo Knitting Mills of Australia. Suits are made from nylon tricot, the same material used in the manufacture of Olympic swimsuits. Flotation is provided by a rubberized nylon air cushion built into the front of the suit. For very seriously disabled, an inflatable collar can be attached to the suit to ensure swimming and hydrotherapy safety. Tests have proven the suit safe for small children through 210-pound adults. Speedo supplies the suits at cost because the company regards the project as a service to physically handicapped persons. Therapists, testing the suits with crippled and limbless children, spastics, chronic asthmatics, and victims of cerebral palsy and brain damage, have found an improvement both in confidence in the water and the ability to manage bodies when swimming. Additional information and specific details can be obtained from Speedo Knitting Mills, 269 Pacific Highway, Artarmon, N.S.W. 2064.

The Amarillo, Texas Human Development Center has utilized three new approaches in adding to their activities. A large garage has been converted into a gymnasium and supplied with special equipment to be used in an appropriate and comprehensive program of physical and motor activities. In addition, two new programs have been initiated. The first is an extensive developmental curriculum which has been developed by the staff for use with residents and out-patients. Important elements in this curriculum are physical fitness, motor development, and movement. Also, a special respite care program, designed to give parents and families of severely and profoundly retarded and multiply handicapped youngsters opportunities for personal vacations and recreation, has been well received. Additional information about these activities can be obtained from Bobby White, Director, Amarillo Human Development Center, Amarillo, Texas.

The spring 1974 issue of ***Report from Closer Look*** deals with rights of every child to equal educational opportunities regardless of type or severity of his handicapping condition. In addition to a summary of landmark court decisions, specific actions of state coalitions provide data about progress and directions of this movement at both federal and state levels. An insert, ***Guide to State Laws for Education of Handicapped Children,*** provides information about children eligible for special education services, minimum and maximum ages for students, where special education services are mandated, and information about tuition aid available for each of the states. Direct requests for copies of the spring, 1974 issue or future issues of the newsletter to Closer Look, Box 1492, Washington, D.C. 20013.

Special children often need special toys that are costly, difficult to find, and used for only short periods of time. To help rectify these problems, the Greater Omaha, Nebraska Association for Retarded Citizens has opened a Developmental Toy Library where they have a variety of items on loan. This project saves on cost, gets maximum use from each toy, and enables children to carry out school problems at home. ***Note:*** Perhaps this type of service needs to be expanded and considered for further implementation by Associate Special Education Instructional Materials Centers.

Presidential Sports Awards in 31 sports are offered to individuals 18 years of age or older who fulfill qualifying requirements. This program offers those with various handicapping conditions the opportunity to participate as well as the satisfaction of working hard to achieve a goal. Qualifying standards in each sport, developed in cooperation with sports governing bodies and/or coaches associations, are designed to ensure regular participation and an investment of time and effort conducive to high levels of physical fitness. The basic qualification requirement is 50 hours of participation during at least 50 activity sessions within a period of four months. In sports where the seasons are short or facilities limited concessions have been made as to the number of sessions required. Those who qualify earn the right to wear a special patch and matching pin. Contact Presidential Sports Award, Box 129, Radio City Station, New York, New York 10019 for logbooks, posters, and details about the program.

Innertube water polo, an increasingly popular coeducational sport, has great potential for use in aquatic, camp, and recreational programs for mentally retarded and physically handicapped persons. The game is played much like regular water polo ***except*** that participants sit in automobile innertubes. Direct inquiries about this interesting game to Don Masik, aquatic specialist at the Menlo Park Recreation Department, Civic Center, Menlo Park, California 94025.

A research project at the University of Nebraska funded by the Epilepsy Foundation of America may play an important factor in the American Medical Association's reconsideration of its 1968 position on epilepsy and sports. The study, undertaken by Kenneth Rose, provides new information which suggests that advocates of more exercise for epileptics have been on the right track. Early findings from the study indicate that rapid breathing (often a seizure trigger) when it occurs naturally as a result of vigorous exercise, does not increase seizures and that changes in blood chemistry during exercise appear to create a ***protective effect*** in which metabolic acidosis wards off seizures. Timothy Craig, secretary of the AMA committee which is studying the problem of epilepsy and sports, has stated, "The evidence (on the effects of head trauma) is divided, but there is ample evidence to show that the patients will not be adversely affected by playing any sport, including football, provided the normal safeguards . . . are followed, and adequate head protection is used."

Cross-Country Challenges

When normal boys and retarded boys were brought together for four months of joint activities at the Deborah Boys' Club in Chicago, their reactions were studied by David R. Preininger. Reporting his findings in *Social Work Magazine*, Preininger describes the normal youngsters' reactions as moving from curiosity, to teasing, and finally indifference. During initial meetings between the two groups, the normal youngsters asked questions about the retarded youths, then teased them for being immature and unable to join in group projects. Later, the normal youngsters became indifferent and went about their affairs without regard for the retarded boys. There was not a natural acceptance. Commenting on the study, Dr. Herbert Rusalem noted that group leaders have to continually build acceptance of the mentally retarded. *Acceptance may not come naturally, but it can be nurtured.*

Look for Gene Darnell at the Pennsylvania state wrestling championships next year despite his three win and six loss record this past season. If nothing else, determination will take him there. The Allentown High School student is blind and has only one leg because of early bouts with cancer. "There have been times when I felt like quitting," he admits, "but I bounce right back. I like to fight."

The Point is a periodic newsletter dealing with special programs for mentally and physically handicapped Scouts. Send materials for publication or requests for the newsletter to Allegheny Trails Council, 216 Anabell Street, Pittsburgh, Pennsylvania 15211.

If you're in the market for real or personal property declared federal surplus, the Office of Surplus Property Utilization, U.S. Department of Health, Education, and Welfare, can be a valuable source. In all ten federal regions, assistant regional directors of OSPU and their staffs are prepared to serve mental retardation groups seeking federal surplus for use in local programs. A former Navy auxiliary air station, an Army training center, and a former NIKE installation are typical of surplus facilities which can be converted for peacetime use.

Once Upon a Bicycle gives tips on safe cycling, choosing proper bike size and style, maintenance, and facts on when, where, and to whom most bicycle accidents happen. Cyclists must be *drivers*, not riders. Most bike injuries happen when a cyclist falls, not in collisions. Accidents involving motor vehicles represent only a small number of all bike accidents. This pamphlet is available from local or state Easter Seal Societies. It was developed by the National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, Illinois 60612.

The Special Olympics for the Mentally Retarded culminated several months of rigorous mental and physical work for children in schools under the New York City Bureau for Children with Retarded Mental Development. For example, the children learned that each class began with a salute to the flag followed by exercises for leg and arm muscles and general mobility. In addition, reading, health education, and math lessons were based almost entirely on Olympic related material.

Perceptual motor activities and movement education play an important part in the program of the Early Childhood Unit, New York City Bureau for Mental Development. This year's work culminated with a mini-Olympics held in the school gymnasium. With three competitors at one time, each participant was awarded a first, second, or third place ribbon. One exciting event was the three team, ten task potato race. Participants in this event not only exhibited physical skills, but also the ability to follow directions. Other events were foot races, an obstacle course, high jump, races with participants dragging rubber tires with ropes, and tricycle races. Obtain further information from Sara M. Weinberger, Community Relations Coordinator, New York City Bureau for Children with Retarded Mental Development, 65 Court Street, Brooklyn, New York 11201.

Legal problems facing mentally retarded citizens are the subject of a recent HEW publication. *Silent Minority* categorizes these problems under the headings of life, liberty, and the pursuit of happiness. In addition, each category concludes with concrete suggestions for alleviating the problems discussed. *Silent Minority* also highlights discussions which took place at the first national conference on the *Mentally Retarded Citizen and the Law*. This conference, called in mid-1973 by the President's Committee on Mental Retardation, featured 250 specialists in both legal and social science aspects of mental retardation. Intensive sessions produced 21 research papers which articulate bases for emerging legal doctrines and amplify new ideas for future legal development. Copies of *Silent Minority* can be obtained from the President's Committee on Mental Retardation, Washington, D.C. 20201.

Cry Sorrow, Cry Hope, a one hour docudrama about the discovery of mental retardation in a three year old boy and the resultant turbulent effects on his family is now available from WQED — Metropolitan Pittsburgh Public Broadcasting. For further information about purchase or rental of the 16mm kinescope film contact WQED, 4802 Fifth Avenue, Pittsburgh, Pennsylvania 15213.

A group of Mannsville, Oklahoma ladies with severe handicapping conditions have been encouraged to share their knowledge of handicrafts with others. Discarded double-knit materials were obtained from a local dress manufacturer from which participants braided rugs and made bedroom slippers, lap robes, and bed capes. Waste baskets have been made from colorful egg cartons and bright bits of yarn. Because of the age variance, participants decided that *A Stitch Thru Time* would be an appropriate group name. Members of the group took finished items to local nursing homes where they visited old friends and made new ones just before Easter. They then made Easter centerpieces for each nursing home.

California Association for Health, Physical Education and Recreation has recently established a State Council in Physical Education for the Handicapped. Purposes of this council are to (1) revise state guidelines for adapted/remedial physical education (scheduled for release early in the current school year); (2) develop criteria for model/demonstration programs in adapted physical education; and (3) develop cocommittees with state groups such as the California Medical Association and the California Academy of Pediatrics. Contact Tom Edson, council chairman, c/o Riverside Superintendent of Schools, 4015 Lemon Street, Riverside, California 92502 for details and additional information.

Controversy increases over formal schooling through early childhood programs for all children. Reports, research, empirical evidence, and data regarding growth and development of children provide evidence that suggest sending four-year olds off to school results in far more harm than good! In fact, some contend that children probably should not attend school until they are seven or eight years old. Numerous articles and reports deal with the controversy and suggest alternatives to early formal schooling such as Home Start and the important role parents, especially mothers, play in providing the base in the home.

During *Discovery '73* students from Newark State College each hosted a child from Woodbridge, New Jersey State Hospital in a *Mini One-To-One Festival*. Despite rain, participants spent the afternoon playing in the festive setting. The food, judging by the appetites, was delicious; games, judging by the smiles, fun; and the day, judging by the frequently heard questions about when it would be held again, a success.

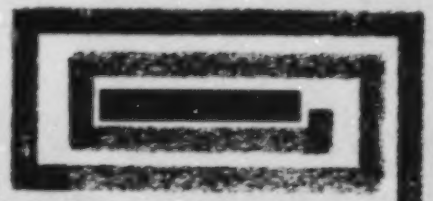
A group of youngsters 13 years of age and under spent much of their past summer as volunteers in programs at Ellisville, Mississippi State School. Phillip Bankston, age 11, was the "old pro," serving in his second year as a volunteer. The group proved to be enthusiastic and competent and was rated excellent in terms of both work and spirit.

Bradley Harrison, former poster boy of the Texas Association for Retarded Children, recently bowled his first 600 set and teamed with a friend to take high honors in the Class B Adult-Junior Bowling Tournament in San Marcos, Texas.

A group of more than 20 mentally retarded young people in California has mastered square dancing and has inspired several other groups to learn the art. The Happy Heart Twirlers also are the first retarded members of the Associated Square Dancers whose members must have graduated from a prescribed course of instruction by a recognized caller-instructor. The group began dancing about three years ago when Keith Petty, administrator of the Happy Hearts Guest Home in Santa Ana, decided that square dancing in its simplest form would be good physical and mental exercise as well as recreation. Petty's son is one of the group's callers and believes in teaching groups of retarded individuals a range of steps as wide as they can learn rather than limiting them to a small number. The younger Petty says this method may require separating pupils into groups so that less capable dancers do not hold back more proficient ones. Last year the Twirlers went on a 27-day tour of the country which included stops in Des Moines and Chicago.

Printed proceedings of *Putting It All Together: Techniques and Methods for Handicapped Children and Youth* is available from G. Robert Roice, Program Specialist, Developmental and Remedial Physical Education, Division of Special Education, Office of the Los Angeles County Superintendent of Schools, 9300 East Imperial Highway, Downey, California 90242, at $2.50 per copy. Included are summaries of presentations from the conference held in Los Angeles last May by Roy Barsch (Movement — The Instructional Imperative); Bryant Cratty (Movement in Programs for Handicapped Children: Hysteria and Reality); Charles Buell (What the Physical Educator Should Know About Blindness); Marianne Frostig (Moving and Learning); Margaret H. Jones (Activities for Handicapped Infants and Children — A Physicians Viewpoint); G. Lawrence Rarick (Considerations in Physical Fitness for the Handicapped); Robin Wood (Physical Education for the Deaf); A. Albert Zasueta (New Uses of Equipment); Connie Lawrence (Water Learning).

"Have fun and make a friend" was the order of the day for twenty thousand mentally retarded children and adults who participated in New York's second annual *One-to-One Festival* in Central Park on May 31. Participants including 3,000 residents of New York state schools, spent the day enjoying the 130 activities and attractions set up for them. Events ranged from inspecting fire engines and helicopters to petting baby elephants, designing souvenir shirts, and watching puppet shows. The festival was an outgrowth of TV exposure given by ABC-TV New York reporter Geraldo Rivera to the rights of mentally retarded residents of Willobrook State School. The festival was planned to bring together on a one-to-one basis a mentally retarded adult or child and a noninvolved person for a day of undivided attention. This year's festival also included a rock concert at Madison Square Garden and a fund-raising television telethon. These two events raised over $400,000 to establish dignified and humane community residences for retarded individuals.



Cross-Country Challenges

AVATRAC, a work-activities center for 115 mentally retarded adults, has accomplished a great deal through its outdoor education program. Last summer the program included a camping experience for participants with limiting conditions and wilderness backpacking trips for those more capable. Participants, especially backpackers, showed significant progress in personal development and growth, independence, self-reliance, self-confidence, and marked improvement in independent management of their gear. This past winter participants profited from snow-shoeing and cross country skiing trips. These successes have led to a more extensive approach for the future with an Outward Bound adaptive program now in the planning stages. This program will be geared specifically to personal growth and development with carry-over value for everyday life. Contact Joie Hartman, AVATRAC Workshop, 3915 South Klamath, P.O. Box 1202, Englewood, Colorado 80110 for further information about these programs.

Researchers in Munich, Germany have found that when children spend time in rooms that they feel are painted with pretty colors they develop intellectually and creatively better than they would in rooms they feel are painted with ugly colors. The children described pretty colors as light blue, yellow, yellow-green, and orange. They felt ugly colors were white, black, and brown. A random sample of 473 children who played in pretty rooms experienced an average IQ increase of 12 points while children who played in ugly rooms experienced an average drop of 14 points! Kindergarten children who played six months in beautifully colored rooms with color-coordinated blocks had IQ increase of 15 points over a control group even though the controls had started with slightly higher IQ's! After 18 months, children in beautiful rooms with beautiful blocks had advanced 25 points ahead of the control group. The Munich researchers recorded a 53% rise in smiles and friendly words in the orange room and a 12% decrease in frowns and hostility.

Stepping Stones, an organization of citizens representing five counties in southwestern Ohio and northern Kentucky, has planned an extensive recreation program for handicapped persons. Chief purposes of the program are social adjustment, security, companionship, and fun for each participant. The organization sponsors day and residential camps, winter biweekly swimming programs, as well as other recreational projects throughout the area. Stepping Stones is administered by an executive director and full-time program and office staffs. The program functions through the extensive use of volunteers. More than 700 volunteers help staff recreation programs, transport participants, and supervise program areas. Ultimate management responsibilities rest with an elected and rotating board of trustees. For additional information contact Stepping Stones, Recreation for the Handicapped, 5650 Given Road, Cincinnati, Ohio 45243.

Special ***Challenge*** "Oscar" awards go to two films which are excellent entertainment and help viewers better understand and appreciate problems of persons with different conditions. ***Baxter*** is a film about a young adolescent with severe emotional problems which show themselves in the form of pronounced articulation difficulties. He progresses through the support and understanding of his friends. But more problems arise, his world slowly collapses around him, and he regresses with severe overlays and complications. The ending, however, provides hope for his future. ***Maurie*** is a movie about Maurice Stokes, former Cincinnati Royals basketball star, whose sudden illness leaves him with movement only in his eyes. Through his own persistence, and the efforts of teammate Jack Twyman, who arranges for Maurie's rehabilitation and later becomes his legal guardian, Stokes slowly regains many basic functions. The movie culminates with Maurie acknowledging a standing ovation in Cincinnati Gardens by standing unsupported by his wheelchair. Do yourself a favor and see both films.

Dick Endres and his talented staff at Camp Confidence, Box 349, Brainerd, Minnesota 56401 continue to provide challenging, unusual, and exciting experiences for youngsters at the facility. One of the recent camping activities has been catching, cleaning, preparing, and smoking fish. Suddenly smoked fish has become the favorite dish of residents and staff alike! Another innovation is a nature playground which is constantly being changed to add new challenges for the participants. An example is the recent installation of a cargo net which enables residents to develop climbing skills. Each participant is encouraged to accomplish at least ten different skills on each new apparatus.

Boy Scouts, who were also students in classes of New York City's Bureau for Children with Retarded Mental Development (CRMD), recently took part in an aquacade and swim meet. This unique affair consisted of contests which did not require swimming ability and regular swimming events. Points were awarded according to the degree each participant completed each event. The eventual winner, with a perfect score, was one Jose Rios. For information about other CRMD physical education and recreation programs contact Madeline E. Dalton, Acting Director, CRMD, 65 Court Street, Brooklyn, New York 11201.

A recreation group for mentally retarded adults, sponsored by the Nipon Association, 6335 North Broad Street, Philadelphia, Pennsylvania recently decided that they would like to help others as others had helped them in the past. The club formed a ***Helping Hand Organization*** to visit less fortunate institutionalized persons. They now visit elderly persons and crippled children and usually take cookies they have baked and put on a concert or puppet show.

Vigorous exercise appears to reduce the *seizure potential* of people with epilepsy. That conclusion is part of preliminary findings of Kenneth D. Rose, M.D., halfway through a three year research project entitled *The Effect of Exercise on the EEG and Blood Chemistry of Epileptics*. This project is being funded by the Epileptic Foundation of America. Dr. Rose noted that anti-seizure properties of exercise provide a preliminary conclusion drawn from testing 11 individuals. However, it cannot at this time be "...construed as representative of the entire epileptic population." Measuring results of exercise through EEG recordings and by observation of actual seizures, researchers have found that the EEG does not show an increase of seizure patterns during exercise. The seizure threshold even appears to rise — that is, the number of seizures declines. Exercise has also been considered risky because it was thought that head injuries or fatigue may increase seizures. "Evidence regarding the effects of over-fatigue on seizure activity appears to justify certain restraints on the intensity of the physical exercise to be undertaken," Dr. Rose stated. However, he added that the point of seizure onset is highly dependent on the degree of cardiovascular fitness. For that reason, a gradual program to increase fitness may be indicated to minimize the possibility of undue fatigue. The evidence is inconclusive as to whether head injuries aggravate already existing epilepsy.

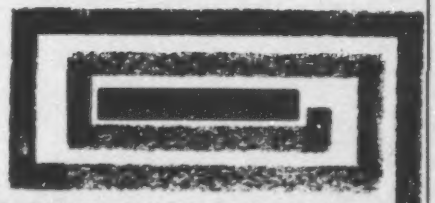
Nine mentally retarded school age girls from Newark State School in New York are living in a normal home situation, helping to prepare their own meals, and in general, learning to adapt to community living in Canadaigua House. The home, located in the City of Canadaigua, is operated by Newark State School as part of its new transitional program. The home atmosphere is only part of the adjustment process. The girls go shopping at local stores, attend church services, and participate in the swimming program at the local Y.W.C.A. They are also developing social skills through their activities with neighborhood playmates. For additional information contact Frank Henne, M.D., Director, Newark State School, 529 Church Street, Newark, New York 14513.

Participants in the Minnesota Learning Center, Brainerd State Hospital, Brainerd, Minnesota moved to the Minnesota wilderness for some classes this past summer. The students learned to perform outdoor living skills such as firebuilding, cooking, camp and personal sanitation, and first aid. In preparation for a three-day canoe trip, students were required to learn certain canoe and water safety skills. The final test involved swamping a canoe in deep water, demonstrating proper use of the life jacket, righting the canoe, and bringing canoe and paddles back to shore. *Few students failed to pass this test.* Additional information about the center in general and summer projects in particular can be obtained from Don Thomas, Director, Minnesota Learning Center, Brainerd State Hospital, Brainerd, Minnesota 56401.

In October 1972 the Utah Association for Retarded Children distributed a questionnaire to parents of mentally retarded children. Distribution was through local school districts, workshops, work activity centers, and parental contact. Parents were asked to complete only one questionnaire in case there had been duplication and to answer only those questions which they wished to answer. They were asked not to sign the questionnaire in hopes that answers would be more accurate. There were 1,258 parents who responded and the majority of respondents were primarily females. Parents felt that the greatest needs for retarded children were more local recreation and social opportunities for persons with various handicapping conditions. The parents' second priority was a need for more available transportation and they cited dependence of impaired, disabled, and handicapped persons upon public transportation for mobility. Third priority was a request for more emotional support from other parents. Overnight lodging, residential homes, and work activity centers received almost equal emphasis as fourth, fifth, and sixth priorities respectively. It is interesting to note that the highest priority given by parents was overwhelmingly recreation and socialization. This would indicate that daily contact with other children in a nonprogrammed environment is a major concern. Additional information about this survey can be obtained from the Utah Association for Retarded Children, 3781 Lois Lane, Salt Lake City, Utah 84117.

The Annual Report of the Motor Performance and Play Research Laboratory (Department of Recreation and Park Administration, Children's Research Center, University of Illinois, Urbana-Champaign, Illinois) presents projects dealing with the ecology of play and gross motor behavior. The following statement expresses the goal of the Center: "Since we believe that play and motor behavior are integral to the development of children, the goal of the laboratory is to contribute to a body of knowledge that allows the optimization of play and motor learning environments for children."

Camp Independence, Montgomery County, Pennsylvania featured swimming, wheelchair basketball, miniature golf, nature study, music, drama, and campfires for disabled young adults 17 to 35 years of age. Participants were in wheelchairs, in braces, or used crutches. The camp took place at the Variety Club Camp and was a joint community venture of Moss Rehabilitation Hospital and the Variety Club. All camp facilities are designed free of architectural barriers, making it a perfect place for disabled of any age. At the urging of Moss Rehabilitation Hospital officials, the Variety Club, recognizing the severe lack of adequate vacation facilities in the Philadelphia area for social and recreational needs of disabled adults, agreed to make its facility available after the regular children's season. The program was piloted during the summer of 1972 when 14 young adults spent a fun-filled weekend at the camp despite their physical limitations. For some, the weekend represented the first experience out of their homes in a very long time. One 27-year-old paralyzed young lady went for her first swim in 10 years. Another 33-year-old cerebral palsied victim called the weekend vacation, "a wonderful dream." The fact that this worked so well demonstrated to officials of Moss and the Variety Club that the project should be expanded, adding more days, more activities, and more participants. Both groups, vitally interested in getting the disabled back into community living, are exploring the possibility of making camping a year-round program. Contact Selma Ehrlich, Moss Rehabilitation Hospital, 12th Street and Tabor Road, Philadelphia, Pennsylvania, for additional information.



Cross-Country Challenges

The Florida Legislature has enacted a *Bill of Rights of Retarded Persons* that guarantees right to treatment, right to privacy, and right to a decent place to live. Enumerated rights pertain to dignity, humane care and discipline, education, possession and use of personal property, religious freedom, communication, suitable leisure time activities, and confidential records. Of special interest to *Challenge* readers are sections mandating suitable opportunities for social and leisure time activities, and for appropriate physical exercise as prescribed in each client's individual habilitation plan; indoor and outdoor facilities and equipment for physical activity shall be provided. Every residential facility shall initiate and develop a program of resident government to hear views and represent interests of all clients served by the facility. Additional information about this document can be obtained from Francis P. Kelly, Director, Division of Retardation, 1311 Winewood Blvd., Tallahassee, Fla. 32301

The National Committee—Arts for the Mentally Retarded and Handicapped has recently mounted a national effort to (1) research and disseminate information about curriculum and instruction in the arts for mentally retarded and handicapped learners, (2) identify model arts programs which may be used with mentally retarded and handicapped persons, and (3) increase the number of mentally retarded and handicapped students served by arts programs by 200,000 per year for five years. Activities thus far have included several conferences and meetings, selection of two action oriented model sites (Clark County School District, Georgia and Clover Park School District, Lakewood, Washington), and receipt of a grant from the Bureau of Education for the Handicapped to develop the program and its related activities. The Committee was also involved in *A Very Special Arts Fair* in June in Washington state. The Committee, co-sponsored by the Alliance for Arts Education and The Joseph P. Kennedy Jr. Foundation, has involved top national leadership and representatives of involved organizations from the fields of arts education and education for the handicapped. Additional information about the Committee and its projected activities can be obtained from James Sjolund, The National Arts for the Mentally Retarded and Handicapped, c/o President's Committee on Mental Retardation, Washington, D.C. 20202

Members of the Optimist Club of Easton (Pennsylvania) have traveled weekly for the last three years to Hunterdon State School (Clinton, New Jersey) to develop and supervise sports and recreation programs and activities for mentally retarded residents of the school. Although many of the participants have multiple conditions, the Optimists have succeeded in organizing basketball and baseball games as regular parts of the Hunterdon State School program. The hour-long sessions have attracted another 25 persons from various segments of Easton's society who assist occasionally. Other recreational and social activities have been added to the program under leadership and sponsorship of the Optimist Club. Dolores Zukoski, acting director of recreation at the school, summarized the Optimist's involvement, "It's amazing how quickly the Optimists became involved with the residents here. They know how to teach boys and are used to working with youngsters. They have fun with the residents and it's a good man-to-man relationship. They seem to know how to work with emotional problems. It's just a friendly atmosphere." Contact Charles Odenwelder, President, Optimist Club of Easton, R.D. 2, Pen Argyl, Pa., 18072, for additional information about this program.

Faces of multiple handicapped children shone with happiness as they arrived, many in wheelchairs, some on crutches, others with walkers, to participate in a very special program for mentally retarded children sponsored by the Bureau for Children with Retarded Mental Development in New York City. The meet opened with a parade of participants carrying their colorful identifying banners and closed with singing paraders letting go a barrage of colorful balloons. In between were events like softball throw, 40-yard dash for ambulatory children, walking race with walkers, crutches, and prosthesis, wheelchair races and relays in which wheelchairs were pushed by ambulatory youngsters, and crawling race with non-ambulatory children. A tale could be told about each participant. Imagine the joy of José who uses his toes to write and paint when he came in first in a wheelchair race, his chair propelled by his toes. Fifteen year old Gary, only recently admitted to a public school, took great pride in his victory in the wheelchair race. Each participant was a winner in spirit and effort at the least. Contact Sara M. Weinberger, Community Relations Coordinator, BCRMD, 65 Court St., Brooklyn, N.Y. 11201, for additional information about this and other innovative programs sponsored by the Bureau.

Focus, published by the Minnesota Association for Retarded Citizens, listed some current *dirty words* in the field of mental retardation:

- *Retarded*. Too often this becomes a collective noun such as in *the retarded*. Better usage would be as an adjective—*retarded people*.
- *Boy or girl*. We still hear professionals refer to retarded adults as *boys* and *girls*. If you were continually called a kid, wouldn't you consider yourself one and act accordingly?
- *Mongolism*. This is generally replaced by *Down's Syndrome*, but can't the process be speeded-up?
- *Protecting*. When we *protect* retarded people, do we really help them? How can they learn to deal with life if we *protect* them from life?

The Pennsylvania Training Model Educational Planning System is designed from broad assessment of an individual's needs to assist teachers in the development of specific programs for severely and profoundly mentally retarded and multihandicapped children. There are four major steps in the model: (1) an overview of a child's skill development is obtained from the Curriculum Assessment Guide, (2) each of the major areas of interest is broken into smaller developmental units from Competency Checklists, (3) smaller developmental units of interest are further reduced into sequentially smaller steps through task analysis, and (4) an educational objective is written and a prescriptive teaching approach employed to achieve this objective. Should an individual not progress at the rate desired, the system provides for a functional analysis of all variables involved to provide the teacher with needed information to modify the program. Competency Checklists include such areas as auditory, visual, and tactile discrimination, gross motor, a variety of self-help skills, communication, perceptual-cognitive, and social interaction. Copies of the *Individual Assessment Guide* and additional information about the system can be obtained from M. Ellen Somerton, Program Director, Pennsylvania Training Model, Pennsylvania Dept. of Education, Bureau of Special and Compensatory Education, Div. of Special Education, 123 Forster St., Harrisburg, Pa. 17102

Mainstreaming: Idea and Actuality, an Occasional Paper from New York Commissioner of Education Ewald B. Nyquist presents *what*, *why*, and *how* of integrating impaired, disabled, and handicapped children into regular schools and classrooms. Special sections are designed for school administrators, teachers, parents, and the children themselves to help each better understand the concept and the process of successful mainstreaming. Full participation of impaired, disabled, and handicapped children in our society is the goal of mainstreaming. To accomplish this, although there is no one prescribed way, *commitment* on the part of parents, teachers, and administrators must be demonstrated if it is to become a reality. Information about availability of this paper can be obtained from The University of the State of New York, State Education Department, Albany, N.Y. 12234

IX. RESEARCH

Studies Related To Moderately (Trainable) Persons

Can motor performance be improved in mentally retarded persons?

- There is a lag in motor performance abilities of about two to five years when comparing retarded to normal individuals/groups.
- Retarded individuals can improve in physical fitness, motor skills, self-concept, and social learnings as a function of training and physical education programs.
- Evidence suggests that the motor abilities of moderately and mildly retarded children are organized similarly to those of normal children and that the attainment of these abilities follows similar developmental curves for both groups.
- Retarded children and youth can profit from the same kind of motor experiences as normal children, provided the stage of learning and the how to is congruent with learning characteristics of retarded populations.
- Little is known about relative effectiveness of various types of programs. Information related to effects of duration, teacher type, time/day, reinforcements, retention, and teaching strategies are lacking.

Investigators comparing performances of trainable with educable children have found TMR's retarded in their relative motor proficiencies (Francis, 1960; Bundschuh, 1972). There are indications, however, that low motor performance achievements of the trainable child can be improved by instituting programs of physical education which are congruent with their abilities and needs (Nunley, 1965; Harvey, 1966; Lillie, 1968; Funk, 1971; Bundschuh, 1972; Wessel and Vogel, 1974). Studies described below are included to show current status of research related to the TMR.

Francis and Rarick (1960) conducted a study which described selected motor characteristics of mentally retarded children and compared their performances with normative data on normal children. Although the study included 23, 7 to 12 year old institutionalized TMR children, its main focus was on EMR children ranging in age from 7½ to 14½ years. Six motor tests were used for trainables which measured agility, running ability, throwing at a target, striking with a mallet, manual strength, and stair climbing. Results of the investigation indicated a lag in performance of approximately five years when comparing trainables with a normal group.

Janet A. Wessel, director, Paul G. Vogel, evaluation coordinator, and Claudia J. Knowles of the I CAN Curriculum Study Center, Room 135 WIM Building, Michigan State University, East Lansing, Michigan 48824

Eleven motor tests measuring strength, power, balance, and agility were used for the EMR population. Results of this investigation indicated a two to four year lag between mentally retarded children and normal children of like ages. Interrelationships among variables for the retarded were similar to those of normal children. Evidence presented in this study suggests that motor abilities of TMR and EMR children are organized similarly to those of normal children, and that attainment of these abilities follows similar developmental curves for both groups. Francis and Rarick conclude that due to these similarities, mentally retarded children may profit from the same kind of motor experience as normal children, provided the stage for learning is set in congruence with the lower mental abilities of the retarded.

Nunley (1965) investigated effects of a physical activity program constructed to meet needs of a group of trainable children, 9 to 14 years old. The program was taught 30 to 45 minutes a day for 15 months by a classroom teacher with occasional consultant help from a physical therapist. The activity program included crawling, curling-up, rolling in place, reciprocal arm swinging, and skipping, standing long (broad) jump, squat thrust, bicycle, and partner exercises for developing coordination. The project did not conform to traditional investigative standards, in that only a description of procedures and dependent measure along with untreated data, were reported. On 13 motor performance items (selected from behaviors usually achieved with normal development), 81% of the subjects either maintained the top performance or improved one or more rating levels. Although endurance was not specifically measured, Nunley made a particular note of improvements, inferred from the sizable gain in the duration of time children were able to maintain a curl position.

In conducting the study, particular attention was given to maintaining a natural relationship between purposes of the instructional program and the evaluation scheme. The dependent measure was a quantitative rating scale which was constructed

to reflect purposes of the instructional program. The study was extended over a two-year period with ratings completed in the fall and spring of each year. Appropriate nonparametric analysis techniques revealed significant improvement across all parameters. The rating scale and description of treatment were not reported thereby limiting utility of information available from this study.

Lillie (1968) conducted a study to determine effects of a diagnostically oriented motor development program on motor proficiency of 4½ to 6 year old culturally deprived TMR students. Three groups of approximately 16 children each were studied. Groups included one class that received motor development lessons, one class which received a traditional kindergarten experience, and one home control group; the treatment period lasted six months. Lesson frequency and lesson time were not reported. Activities included in the study were maze tracing, coloring, pasting, folding, finger games, gross motor games, and trampoline exercises. The game-oriented lessons produced some significant fine motor gains, but no gains in gross motor performance. No estimate of teacher comparability, or activity patterns of the control group was reported.

Funk (1971) studied effects of a physical education program on trainable mentally impaired youngsters between 8 and 18 years of age. His study involved 18 subjects who received 30 minutes of planned physical education daily for 58 days, and 18 controls who received no organized play or activities. Treatment included balance activities, running, jumping, crawling, throwing, calisthenics, agility games, relays, and other similar activities. Significant results were found on two of the five fitness items—sit-up and shuttle run. Tests of motor development, as measured by the Kershner-Dusewica-Kershner Revision of the Vinland Adaptation of the Oseretsky Test of Motor Proficiency, were nonsignificant.

Bundschuh (1972) conducted a study with 14 TMRs and 26 EMRs ranging in age from 5 to 19 years old to determine if a modified version of the Gabrielson total push-kick method of teaching swimming was applicable to retarded populations. The study also sought to determine if TMR and EMR students could be taught to swim simultaneously, and attain similar skill levels in the same number of lessons. Twenty daily drill-oriented lessons, beginning and ending with free play, were conducted. Student repetitions of the specific drills were practiced with a one to one student-teacher ratio. Results of the study indicated that 90% of the children learned to swim six feet or more, as compared with the pretest scores in which only one EMR and two TMR subjects swam the six foot distance. Ten per cent of students in this study progressed from nonswimmer status to being able to swim 75 feet or more. All of the EMR children learned to swim six feet or more. The TMRs were judged as having made successful adjustments to the water.

Wessel and Vogel (1974) investigated effects of the I CAN instructional system on the motor performance of elementary age TMR youngsters. The sample was composed of boys and girls participating in the 1973-74 field test of I CAN. The treatment as specified in the I CAN materials was found to offer significant changes in the motor performance of these youngsters. Results were examined by specific skill, i.e., run, kick, overhand throw, and were cited by their categories. Also, performance measures were totally appropriate, in that they reflected stated objectives of the I CAN program.

Studies Related to Mildly (Educable) Retarded Persons

Lag between EMR motor achievement levels and achievement levels of normals is well-documented. Studies by Francis and Rarick (1960) and Bundschuh (1972) suggest that there is a similar lag between EMR and TMR children on measures of motor performance.

Rarick (1970) conducted a descriptive study of 4,235 EMR children 8 to 18 years old, drawn from a national sample. He found that EMR age changes in performance followed essentially the same trends as with normal children, although retarded children scored well behind standards of their normal peers. This finding, coupled with similarities between EMR and TMR noted above, suggests that changes in performance of TMR students may follow trends similar to those of the EMR child. It is for this reason that studies describing effect of physical activity programs on motor achievement of EMR children are included in this section.

Howe (1959) compared motor performance of 43 educable mentally retarded children with 43 children of normal intelligence, while controlling for socio-economic background. Children in both groups ranged in age from 6 to 12 years. Motor performance items included the Sargent Jump, one foot balance, tracing speed, tapping speed, dotting speed, grip strength, zig-zag run, 50 yard dash, squat thrust, ball throw for accuracy, and pencil and paper maze tracing. Mean scores for boys and girls indicated that normals out-performed the retarded on all items. All 11 of the boys' items were statistically significant at the .05 level, while 9 of the 11 girls' items were significant.

Stein (1965), using the AAHPER (1958) Youth Fitness Test, investigated fitness levels of 24 boys enrolled in three intermediate schools relative to normal boys of the same chronological age. Subjects were measured in October and May, and received a daily physical education program, conducted by physical education specialists, between these two test periods. An appropriate Chi square, quartile analysis made on the October, May, and combined scores, across the seven items of the Youth Fitness Test, yielded a total of 24 possible comparisons. Twenty-two of 24 comparisons with national age norms for normals were nonsignificant. Of the two comparisons which were significant, significance was in favor of retarded subjects. This study supports the contention that 13 to 17 year old educable mentally retarded classes can attain levels of performance comparable with their normal peers.

Corder (1966) investigated effects of a systemmatic and progressive program of physical education on the intellectual development, physical development, and social status of 24, 12 to 17 year old EMR boys. Research design involved a treatment group, an officials' group, and a control group; the officials' group acted as a control for a possible Hawthorn effect. After 20 days of physical activity lasting one hour per day, the training group made significant gains over the officials' group and the control group on all seven items of the AAHPER Youth Fitness Test.

Goheen (1967) investigated effect of three physical education programs on physical fitness, motor ability, and social adjustment of 82, 10 to 15 year old EMR boys. Subjects were randomly assigned to classes within the two participating state schools. The study involved skill-oriented, play-oriented, and free-play-oriented programs which were developed, evaluated by experts, piloted, and revised prior to being implemented with the study group. Programs were taught by physical education specialists (research assistants) for 39 instructional hours over 13 weeks—one hour each Monday, Wednesday, and Friday. Pretests and post-tests using the AAHPER Youth Fitness Battery, Latchaw Motor Achievement Test, and Cowell Social Adjustment Index were used to determine results of this study. Major conclusions were skill-oriented groups achieved significant improvement in a greater number of items than the other groups, and skill-oriented groups achieved a more uniform improvement in motor ability items than other groups.

Solomon and Pangle (1967) assessed changes in physical fitness of 42 EMR boys which occurred subsequent to a structured physical education program. The program involved 45 minutes of daily physical education taught by special educators over an eight-week period of time. Daily treatment consisted of three, 15 minute activity periods. Period 1 consisted of warm-up and calisthenic drills; period 2 was comprised of self-testing, dual games, and relays; and period 3 involved skill teaching and participation in stunts and games. Results of this study indicated that a structured physical education program, when compared to regular classroom activities dramatically improved fitness levels of 13 to 17 year old EMR boys. Such a gain was not spurious in that it remained significant following a six-week post experiment interval, and EMR boys can perform equally as well as, or in some

instances superior to, their normal peers. Unfortunately the treatment was not described well enough to replicate. The unit of statistical analysis used in this study (Students) was inappropriate in that all individuals in the class received the same treatment.

Rarick and Broadhead (1968) extended the earlier work of Corder (1966), Solomon and Pangle (1967), and Nunley (1965) by investigating effect of educational physical activity programs on modification of motor, intellectual, social, and emotional behavior of EMR and minimally brain injured children of elementary school age. Their research design incorporated an attempt to control potential Hawthorn effect through a structured art program, determining relative effects of an individual and group instructional physical education program, and a control group receiving the regular physical education program. The study involved 275 educable mentally retarded students and 205 minimally brain injured children who were grouped according to disability (EMR and MBI) and age (younger—6 to 9 years old; and older—10 to 13 years old). Classes ranging in size from six to thirteen students from each of the above four groups were randomly assigned to one of the four treatments. Instructional treatment was carried out by classroom teachers with consultant help from the investigator for a period of 20 weeks for 35 minutes each day. Multivariate analysis of covariance using classes as the unit of statistical analysis revealed that instructional physical education programs were significantly better than the usual program of physical education on measures of motor performance and individualized instructional program was more effective than the group instructional program. The motor performance dependent measures included a modified AAHPER Fitness Test and strength measures using gripping, pulling, and thrusting movements.

Ross (1969) investigated relative effects of teaching skills in a game context, with the regular California sanctioned physical education program for special classes of preschool and primary EMR students. Her study involved 60 children, in three classes, 4½ to 10½ years of age. Experimental and control groups each contained 20 students as did the normal comparison group. The experimental treatment extended over six months with classes being taught three days per week for 20 to 25 minutes per day. Teaching sessions included not more than four subjects per session. Control and comparison groups received equal amounts out-of-class activities, unrelated to the treatment, in groups of four subjects or less to control for possible Hawthorn effect. Dependent measures used were a basic skills test—32 items measuring skills such as hitting, throwing, catching, running, jumping, bouncing—and eight items of the Brace General Motor Ability Test, selected for their appropriateness for EMR students. Results of the study found the experimental group outscoring the control group by a wide margin. When post-test comparisons of the experimental group were made with the normal group no statistical significance was found even though pre-test scores of the experimental group were far below those of the normals. The experimental unit and unit of statistical analysis were individual students. A more valid analysis would have used the small groups within each class as the appropriate measurement unit.

Schwartz (1970) investigated effects of a movement exploration program on 380 educationally retarded boys and girls in grades 1 to 4. Duration of instruction which included games, stunts, self-testing activities, and rhythms was four weeks. Pre- and post-tests on the Johnson Fundamental Skills Test revealed significant improvements in fundamental motor skills for boys and girls at all ages. More complete information such as teacher type, frequency of class meetings, description of treatment, and analysis procedures which is necessary to completely interpret the results of this study is inaccessible.

Chasey and Wyrick (1971) conducted a study with 47 educable mentally retarded children ranging in age from 6 to 12 years old to determine effects of a concentrated physical development program on motor proficiency. Children were randomly assigned to two groups and taught by the same qualified teachers and attendants over a 15 week period in which classes were conducted five

Table 1. Summary of Research Related to TMRs

Elements of the Studies	Author and Year								
	FRANCIS 1960	NUNLEY 1965	NUNLEY 1965	HARVEY 1966	LILLIE 1968	FUNK 1971	FUNK 1971	BUNDSCHUH 1972	VOGEL & WESSEL 1974
Age	7-12	9-14	9-14	3-13	4-6	8-18	8-18	5-19	5-14
Teacher[a]	N/A[b]	3	3	?[c]	?	?	?	?	3
Duration (days)	N/A	300	300	?	?	58	58	20	1000
Days/Week	N/A	5	5	?	?	5	5	5	Variable
Minutes/Day	N/A	30-45	30-45	?	?	30	30	?	Variable
Time-Skill Relationship[d]	N/A	No	No	No	No	No	No	No	Yes
Treatment Cited	N/A	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
Monitored	N/A	?	?	No	?	?	?	?	Yes
Replicable	N/A	No	No	No	No	No	No	?	Yes
Dependent Measure									
Fitness/Skill	F,S	F	S	?	S	F	S	S	S
CRT[e]	No	No	No	Yes	No	No	No	Yes	Yes
Appropriate[f]	Yes	Yes	Yes	Yes	No	Yes	?	Yes	Yes
Useable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Appropriate Analysis[g]	Yes	No	No	Yes	No	No	No	Yes	Yes
Sample Size	23	11	11	34	48	36	36	14	300
Results	N/A	+	+	+	+,–	+,–	–	+	+
Control Group	N/A	No	No	Yes	Yes	Yes	Yes	No	No
Comparison Group	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No

a 1= P.E. specialist, 2= Classroom teacher, 3= Combination of 1 and 2
b Not applicable to this study
c Information not reported
d Amount of instructional time specified by specific skill
e Criterion-referenced test as the dependent measure
f A judgment based upon congruence with program objectives
g A judgment based upon the congruence between the analysis and the data obtained

Table 2. Summary of Research Related to EMRs

Elements of the Studies	Author and Year										
	HOWE 1959	FRANCIS 1960	STEIN 1965	CORDER 1966	GOHEEN 1967	SOLOMON 1967	RARICK 1968	ROSS 1969	SCHWARTZ 1970	CHASEY 1971	BUNDSCHUH 1972
Age	6-12	7-14	13-17	12-17	10-15	13-17	6-13	4-10	6-9	6-12	5-19
Teacher[a]	N/A[b]	N/A	1	?[c]	1	2	3	?	?	1	?
Duration (days)	N/A	N/A	140	20	39	40	100	120	?	75	20
Days/Week	N/A	N/A	5	5	3	5	5	3	?	5	5
Minutes/Day	N/A	N/A	55	60	60	45	35	20-25	?	60	?
Time-Skill Relationship[d]	N/A	N/A	No	No	No	No	No	No	No	No	No
Treatment Cited	N/A	N/A	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monitored	N/A	N/A	No	?	?	No	?	?	?	?	?
Replicable	N/A	N/A	No	No	?	No	?	No	No	No	?
Dependent Measure											
Fitness/Skill	S	F	F	F	S	F	F	S	S	S	S
CRT[e]	No	No	No	No	No	No	No	?	No	No	Yes
Appropriate[f]	Yes	Yes	Yes	Yes	?	Yes	Yes	?	?	?	Yes
Useable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Appropriate Analysis[g]	Yes	Yes	Yes	No	?	No	Yes	No	?	No	Yes
Sample Size	86	284	24	24	82	42	480	60	380	47	26
Results	N/A	N/A	+	+	+	+	+	+	+	+	+
Control Group	N/A	N/A	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Comparison Group	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

a 1= P.E. specialist, 2= Classroom teacher, 3= Combination of 1 and 2
b Not applicable to this study
c Information not reported
d Amount of instructional time specified by specific skill
e Criterion-referenced test as the dependent measure
f A judgment based upon congruence with program objectives
g A judgment based upon the congruence between the analysis and the data obtained

days a week for one hour per day. The treatment was conducted by physical education majors assigned to groups of three or four students for the entire 15 week period. The experimental group received an equal amount of free play. Comparison across groups based upon pre- and post-test scores using the Oseretsky Motor Development Scale revealed significant gross motor achievements of the experimental group over the controls. Individuals were treated as the experimental unit and unit of statistical analysis. Since small groups of individuals received the treatment together, the small group means should have been used as the unit of analysis.

Need for Replicability in Physical Education Programs for Mentally Retarded Persons

Tables 1 and 2 provide a summary of studies reviewed in previous paragraphs. Key elements summarized in the review are listed on the left hand margin; an appropriate indication of strengths and/or weakness is provided in space aligned with each study and the element of interest.

Although we can state that programs of physical activity do improve motor performance levels of the TMR, the program (treatment), although cited in brief form within the reports, was not sufficiently detailed to replicate any studies with the exception of Bundschuh (1972) and Wessel and Vogel (1974).

Studies involving EMR subjects show very strong support for the positive effect which programs of physical activity can have on improved motor performance (Stein, 1965; Corder, 1966; Goheen, 1967; Solomon, 1967; Rarick, 1968; Ross, 1969; Schwartz, 1970; Chasey, 1971). Although these findings do not provide direct interpretation to the TMR, one must be sensitive to information related to both EMRs and normals. Support for this position is provided in the consistency of the results of EMR and TMR studies, similarities in lag between EMRs and normals noted by Francis and Rarick (1960) and Bundschuh (1972) between TMRs and EMRs, and by similarities in achievement trends between EMRs and normals noted by Rarick (1970).

Like TMR studies, studies reported on EMR subjects are generally not replicable. None of the studies reviewed were judged as being sufficiently described to be replicable. In only four instances is there either sufficient description of the program (treatment) or references to where the program may be obtained to provide for possible replication. The common discrepancy found between a written instructional program and what occurs in the gymnasium or classroom is well-known. For this reason monitor data describing what occurred during the instructional setting is requisite to replicating an effective treatment. Monitor data was not mentioned for any of the studies reported.

A Proposed Course of Action

It is clear from the previous discussion that performance of TMR can be improved by programs of physical activity. It is also apparent that studies reported do not provide replicable forms of instruction which effectively modify motor performance of the TMR.

Throughout the review and discussion, reference to the ability of a study to be replicated has been made. This quality of an investigation is of crucial importance and was completely ignored in reporting results of most studies reviewed. Presumably, when a study is conducted there is a rationale for the program and a selection of a dependent measure(s). In instances where significance is obtained, and others would like to implement an effective treatment, it is not enough to report the program in terms of a general descriptive statement or even reference to a book or guide which provides a complete description of that treatment. To take this approach forces one to make the assumption that the program occurred as intended or as described. Anyone who

has taught in public schools is quite aware of the fallacy of this assumption. The important information necessary to replicate is that information which describes what did occur, not what was intended to occur. This same information is equally important for the full interpretation of nonsignificant results as for significant results.

Of crucial importance to improving the motor performance capacity of the TMR is a systematically designed, replicable set of physical education materials which have been evaluated and deemed effective by the evidence collected.

REFERENCES CITED

Bundschuh, E. L., *et. al.*, Teaching the Retarded to Swim. *Mental Retardation,* 1972, 10, 3, 14-17.

Chasey, W. C., and W. Wyrick, Effects of a Physical Developmental Program on Psychomotor Ability of Retarded Children. *American Journal of Mental Deficiency,* 71, 5, 566-70.

Corder, W. O., Effects of Physical Education on the Intellectual, Physical and Social Development of Educable Mentally Retarded Boys. *Exceptional Children,* 1966, 32, 357-64.

Francis, R., and G. L. Rarick, *Motor Characteristics of the Mentally Retarded: Co-operative Research Monograph No. 1,* Washington, D.C.: U. S. Department of Health, Education and Welfare, 1960.

Funk, D. C., Effects of Physical Education on Fitness and Motor Development of Trainable Mentally Retarded Children. *Research Quarterly,* 1971, 42, 30-34.

Goheen, R. L., The Development and Evaluation of Three Types of Physical Education Programs for Mentally Retarded Boys. *ERIC,* 1967, ED 012141.

Harvey, A., B. Yep, and D. Sellin, Developmental Achievement of Trainable Mentally Retarded Children. *The Training School Bulletin,* 1966, 100-108.

Howe, C. E., A Comparison of Motor Skill of Mentally Retarded and Normal Children. *Exceptional Children,* 1959, 25, 353-54.

Lillie, D. L., The Effects of Motor Development Lessons on Mentally Retarded Children. *American Journal of Mental Deficiency,* 1968, 72, 6, 803-808.

Nunley, R. A., Physical Fitness Program for the Mentally Retarded in the Public Schools. *Physical Therapy,* 1965, 45, 946.

Rarick, G., *Et. al.*, The Physical Fitness and Motor Performance of Educable Mentally Retarded Children. *Exceptional Children,* 1970, 36, 7, 509-19.

_____, and G. D. Broadhead, *The Effects of Individualized Versus Group-Oriented Physical Education Programs on Selected Parameters of the Development of Educable Mentally Retarded, and Minimally Brain Injured Children.* Madison: University of Wisconsin, 1968.

Ross, S. A., Effects of an Intensive Motor Skills Training Program on Young Educable Mentally Retarded Children. *American Journal of Mental Deficiency,* 1969, 73, 6, 920-26.

Schwartz, W., The Effects of a Movement Exploration Program on Educationally Retarded Boys and Girls in Grades One Through Four. *Dissertation Abstracts International,* 1971, 31, 8, 3941-A.

Solomon, A., and R. Pangle, Demonstrating Physical Fitness Improvement in the EMR. *Exceptional Children,* 1967, 34, 177-81.

Stein, J. U., Physical Fitness of Mentally Retarded Boys Relative to National Age Norms. *Rehabilitation Literature,* 1965, 26, 7, 205-208.

Wessel, J., and P. Vogel, *Technical Evaluation Report,* The I CAN Curriculum Project, Field Service Unit in Physical Education and Recreation, Michigan State University, 1974.

---

[1]Percentages were calculated by this investigator based upon raw data presented in the article.

[2]Note: Two studies (Francis and Rarick, 1960; Bundschuh, 1972) including both TMR and EMR populations are cited under studies related to TMR students and are not repeated in this section.

The problem with research is that we use it the way a drunk uses a lamppost—for support rather than illumination.

RESEARCH ANALYSES and NEEDS

Preliminary analyses of almost 500 studies contained in *What's Going On? Annotated Research Bibliography in Physical Education, Recreation, and Psychomotor Function of Mentally Retarded Persons*[1] and review of countless other research reports, projects and activities reveal:

- Physical fitness, motor ability, and physical proficiency levels of mentally retarded persons can be improved; increasingly mildly (educable) retarded persons are achieving physical and motor tasks in same distribution found in the general population.
- Retarded persons can learn all motor skills their nonretarded contemporaries learn; there is a great deal of overlap in performances of mentally retarded and nonretarded individuals.
- Physical education and recreation activities must be broken down into small components and the basic simple to complex principle of teaching fully used.
- Motivation and individual success are cornerstones for a successful overall program; success breeds success and often leads to reversal of the failure frustration cycle in which so many retarded persons have been locked.
- Retarded persons of all ages can accomplish worthwhile objectives when provided with appropriate, sequential, and progressive programs and opportunities within the scope of their individual abilities and interests.
- Little transfer of skill has been shown from one activity to another. Conversely, there is great specificity in motor activity and learning as transfer appears to occur only under specific conditions.
- Substantial correlation between motor performance, physical proficiency, and intelligence has been noted in mentally retarded subjects, especially those at lower functional levels—i.e., severely, profoundly, and some moderately retarded persons.
- Novelty activities, motivational devices, unusual programs, and a variety of methods contribute to successful performance and in stimulating retarded persons to achieve.
- Fine motor skills appear to be an important attribute in developing vocational skills that can be used in sheltered workshops or in jobs *per se*.
- Social relationships, peer acceptance, and other indicators of true group interaction and integration do not automatically result for retarded children through active participation in physical education, recreation, and related activities. Although some studies have shown positive relationships among a variety of physical/motor and social characteristics, several others have shown retarded youngsters in both regular and special physical education programs less accepted and more rejected at the end of such experiences than at the beginning.
- Today information and generalizations about physical fitness, motor ability, and physical proficiency levels of moderately (trainable) mentally retarded persons are made in the same ways they were made about mildly (educable) retarded persons five to fifteen years ago. Research, empirical, and practical experiences gained from extensive work with mildly retarded persons are being shown applicable and appropriate to moderately retarded populations.
- Bases for research studies, project support, program efforts, and statements about physical fitness, motor ability, and physical proficiency of mentally retarded populations continue to be dominated by statistics and results of studies at least six or seven years old. Little use or application of findings from more recent studies has been noted.
- Differences have been found in studies involving institutionalized populations and those enrolled in public school programs. In general, those from residential facilities have consistently scored lower than those in public school programs.
- Specific contributions of active participation in physical activity programs to other facets of a mentally retarded child's education and development have been reported. These activities have served as bases for art projects, English assignments, oral expression, safety lessons, and arithmetic manipulations. Self-concept has increased; greater vocational productivity has resulted; and a variety of speech impairments have improved in the stress-free, noncompetitive, and accepting environment of these programs which were helpful to the individual in building confidence and becoming better able to deal with stresses of everyday life.

While many of these preliminary findings are little different from reviews and analyses reported as much as twelve years ago, more studies, reports, and evidence make statements more positive and definitive; questions and suppositions of the past now can be answered with research, empirical and experimental evidence. Preliminary analyses suggest unanswered questions that need to be proved in future studies, projects, and programs.[2] For example:

- How does the Hawthorn effect influence results and performances of retarded persons in physical education and/or recreational activities?
- Do retarded participants accomplish more in the mainstream or when they participate exclusively in special/separated programs and activities? How can determinations be made when an individual is ready to participate in regular programs and when he should remain in special programs and activities? Do certain activities lend themselves more to mainstreaming and others to participation in special programs?
- What are needs for more studies on influences of recreation participation and activities on mentally retarded participants? (There are now substantially fewer studies in recreation than in physical education).
- What are influences of intellectual loading on results of studies and findings in these areas?
- What is really being measured by various test/evaluation instruments, batteries, and items? (This is especially crucial in that the same devices have been used in study after study and program after program). How do these instruments in themselves affect results, conclusions, findings, and generalizations made from their use?
- What do test norms really indicate? What do they tell? To what extent have norms been revised and made appropriate for different groups of subjects in various situations and under different circumstances? Are instruments appropriate for populations for which they have been designed (i.e., analyses thus far show that the Youth Fitness Test has been used almost six times as much as the Special Fitness Test in studies involving retarded subjects)?

What are inter and intra-etiological relationships with motor performance, physical proficiency, and movement activities?
What effect does utilization of the same subjects in a series or several independent studies have on results and findings? What effects have test instruments and personal relationships with instructors, researchers, leaders, and testers had on findings, results, conclusions, and performances?
How can success, feelings of accomplishment, fun, and other affective contributions be measured objectively?
How can conflicting results in studies be rationalized and explained?
What are effects of different types of program placement, specific activities, time allotment, and various methods and techniques on performances, test results, and research findings?

FOOTNOTES

[1] ***What's Going On? Annotated Research Bibliography in Physical Education, Recreation, and Psychomotor Function of Mentally Retarded Persons.*** Washington, D.C.: Information and Research Utilization Center in Physical Education and Recreation for the Handicapped (American Alliance for Health, Physical Education, and Recreation), in press.

[2] "What Research Says About Psychomotor Function of the Retarded," ***Journal of Health, Physical Education, Recreation,*** April 1966 (Vol. 37, No. 4), pp. 36, provides additional discussion of research needs in this area.

SENSORI-MOTOR TECHNIQUES

The Sensori-Motor Training Project was established under the auspices of the National Association for Retarded Children (NARC) to investigate the efficacy of methods based on those utilized and taught at the Institutes for the Achievement of Human Potential (IAHP) and sometimes popularly referred to as Doman-Delacato methods of treatment. The research project focused on programs conducted at the Dallas (Texas) Academy and at the New York Institute for Child Development rather than those operated at the IAHP in Philadelphia. Projects initiated were: (1) an experimental study of the neurological organization program as implemented by members of the Dallas Academy staff with residents of Denton (Texas) State School, and (2) a survey of parents who had utilized the methods with their own children at home. These programs were supervised by the New York Institute for Child Development, the Dallas Academy, and three other unit members of the American Academy for Human Development (AAHD) located in Chicago, Omaha, and Atlanta.

In the Denton State School study, three groups of mildly and moderately retarded residents were used to assess neurological training procedures administered two hours per day during a seven month period. Prior to group assignments subjects were individually matched by age and sex. Matched triplet members were then randomly assigned among three study groups. During the first part of the study, subjects in Experimental 1 (E1) group (CA 14.9; Stanford-Binet IQ 41.4) were exposed only to motor and visual-motor components of the programs. During the second part of the study, sensory stimulation components were added to the regimen of subjects in group E1. Subjects in Experimental 2 (E2) group (CA 14.8; Stanford-Binet IQ 39.3) were given a program of unstructured physical activity, recreation, and personalized attention during the first part of the study. This program was augmented during the second part with the same sensory stimulation program given to group E1. The third group, Passive Control (PC) (CA 15.2; Stanford-Binet IQ 38.4) provided baseline control data. Its members were tested whenever other subjects were tested but were provided no program experiences. All subjects prior to inclusion in the study were examined by evaluators trained at the IAHP, Philadelphia and all subjects were certified as suitable recipients of the experimental regimen. All subjects (22 in each group) were evaluated on a variety of test instruments during four testing sessions: (1) prior to the beginning of the study, (2) three months after the program had been initiated, (3) at the conclusion of the study, and (4) after a three month no program period. Dependent variables included scores from the following tests: Stanford-Binet; Peabody Picture Vocabulary Test; two verbal and two performance subscales from Wechsler Intelligence Scales for Children; Frostig Developmental Test of Visual Perception; Illinois Test of Psycholinguistic Ability; Lincoln-Oseretsky Motor Development Scale; and Profile of Development, an instrument used by the Dallas Academy which is similar to the profile used by the IAHP.

Specific changes were observed favoring group E1 on tests of visual perception and motor performance. Both experimental groups showed greater gains in language development than did the control group. Intellectual functioning appeared to be enhanced only slightly as a result of experimental procedures. Researchers concluded that portions of the AAHD methods evaluated at Denton should be recognized as one legitimate approach in the remediation of certain handicapping conditions.

Copies of a survey form aimed at evaluating attitudes toward and experiences with home therapy programs were mailed to 778 families whose names and addresses were provided by the five previously mentioned AAHD facilities. Responses which were sufficiently complete for inclusion in data analyses were obtained from 282 (36.1%) of the families. Programs were evaluated as being of much positive benefit in a significant majority of the cases. Ninety percent of respondents attributed some positive change to the program and a significant majority (59.9%) said they did not think improvements would have happened without the program. When asked if they would repeat their experience with home programs, 82.5% said yes. Furthermore, 85.8% of the families said they would recommend the program to other families. More than half of the respondents

indicated positive improvements in: (1) learning ability, 61.7%; (2) concentration and attention span, 56.3%; (3) visual performance, 57.0%; (4) mobility, 51.0%; and (5) reduction in hyperactivity, 54.9%.

Few families said facilities in question made specific promises as to treatment outcomes such as learning to read (11.7%), improvement in IQ (3.5%), or *getting well* (3.9%). Few parents (9.5%) indicated that detrimental effects occurred in terms of family interpersonal relationships. Anecdotal material showed realistic appraisals and awareness of the difficulties in administering training programs within the home even when outcomes were regarded as highly favorable.

While this is a comprehensive, well-developed study dealing with sensori-motor techniques, a variety of questions are raised about certain aspects of the methodology. The research team itself discusses some of these. For instance, do AAHD methods work? Does sensory stimulation alone work? What kinds of improvements really occurred? What questions were *not* answered? What effects did controlled and noncontrolled limitations and delimitations have upon results?

Other factors that need to be considered as to their effects upon results include: (1) Is comparison between a diagnostic/clinical/individualized program as provided group E1 equitable with a free play/unstructured approach as provided group E2? What differences and effects would a diagnostic/clinical/individualized structured physical education/movement/motor development program have had upon results of group E2? (2) What effects did inconsistencies in program environment have upon Group E2? In some instances activity for this group was conducted outdoors and in other cases in one of the dormitory cafeterias. Group E1 used the school gymnasium throughout the study. Did this difference have psychological and motivational effects upon both participants and results? (3) Were results affected by differences in testing personnel, situations, and environment? (4) Although attempts were made to provide group E2 with the same amount of attention as group E1, review of the final report does not indicate that this in fact happened. To what extent were results affected by these differences (Hawthorne effect)? (5) Since previous studies were concerned with whether patterners were adequately trained, can it definitely be stated that paid and volunteer patterners were, in fact, better trained than those in preceding studies? (6) Does ten minutes a day for two levels of visual/auditory/tactile sensory stimulation sufficiently enable the type of subject involved in the study to achieve optimum results? (7) To what extent can statements about the effectiveness of training procedures be generalized from these subjects to other populations, situations, or environments? (8) To what extent were training activities and testing items related? To what extent were results from the three groups attributable to similarities between training activities and testing items? Is the specific nature of motor activity or transfer of learning supported through this study? (9) Originally this study was considered to investigate Doman-Delacato methods and techniques. However, this was later changed to study and evaluate sensori-motor techniques employed by AAHD and not procedures currently in use at the Philadelphia Institute. After two years and a $100,000 expenditure, can we make any more definitive statements about Doman-Delacato methods than before the study was undertaken? Does the study provide any information that has not been reported in previous studies and can already be found in the literature, empirical reports, observation, and practical experience? Whatever can be concluded and generalized from this study must be *only* in terms of AAHD procedures and techniques. Results are not in themselves applicable to the Philadelphia Institute or its programs.

John N. Drowatzky. Visual Perception Differences in Cerebral Palsied, Mentally Retarded and Normal Children. Toledo, Ohio: University of Toledo, 1974.

This study compared performances of cerebral palsied, mentally retarded, and normal children on tests of visual perception measuring figure-ground relationships, spatial relationships and positions, and form constancy. Results of this study indicated that performances on these tests of visual perception were impaired in cerebral palsied and mentally retarded children when compared with normal children. Generally, performances of cerebral palsied children deviated further from that of the normal group than did scores obtained from the sample of mentally retarded children. When correlation coefficients were computed and components of visual perception tests analyzed for independence, eight of the 12 correlations obtained for the normal sample were significant. In contrast, four of the 12 comparisons were significantly related with the cerebral palsied and mentally retarded samples. These four items were the same for both of these groups but only two of the 12 related items involved the same perceptual aspects for all three groups. Thus, not only does performance of normal children differ in precision from that of cerebral palsied and retarded children, but pattern of relationship existing among test items for normals is different from that of cerebral palsied and mentally retarded children.

Haddon G.B. Speakman. A Critique of the Special Fitness Test Manual for the Mentally Retarded. New York, New York: Queens College of the City University of New York, 1974.

Purpose of this study was to provide evidence for or against use of AAHPER Kennedy Foundation *Special Fitness Test for the Mentally Retarded* with moderately (trainable) mentally retarded children. Subjects consisted of 36 moderately retarded adolescent boys and girls residing in a Minnesota state school. After a critical examination of the test manual, each test item was given to subjects on two occasions with two days rest between each administration. Data obtained from the second part of the procedure were analyzed to determine reliability of each item, ability of each item to discriminate among different subjects, correlation between best trial of first administration of each item and IQ, and intercorrelation between best trial on first administration of all items. Findings revealed: (1) descriptions were poor for several items, (2) one item was found to be too physically difficult, one item too intellectually demanding, and three items were poorly performed due to a combination of physical and intellectual difficulties, (3) reliability coefficients for three of the items were only moderately high, (4) standard deviations for two items were very small, (5) two items had correlations of over .30 with IQ, and (6) most item correlations were quite high. It was concluded that this test should not be used with moderately retarded children and that all items could be modified to make them suitable for this population.

Richards, Barbara J. The Effect of Drownproofing on the Water Survival of Educable Mentally Retarded Boys. Master's thesis. Whitewater, Wisconsin: University of Wisconsin 1973.

This study was designed to investigate effects of instruction in drownproofing on survival ability of educable mentally retarded boys. Two pre-established swimming classes were assigned by chance to different treatment groups: (1) drownproofing instruction (N=19; CA 13-2 to 15, x=14; IQ 60 to 85, x 73.5) and (2) traditional Red Cross instruction (N=14; CA 14-3 to 15-11, x 14-9; IQ, 62 to 82, x 74.1). Pre- and post-evaluations were based on each student's ability to support himself in deep water as long as possible with a maximum of five hours. Each group received 20 training sessions in three 35-minute lessons per week over a nine-week period. Although the drownproofing group surpassed the Red Cross instructional group on pre, post, and change scores, no differences were statistically significant. Supplementary findings—mean gains in floating time, number of students learning to float, survival time based on index time—suggested that teaching drownproofing to mentally retarded students prior to formal swimming instruction may have distinct advantages and that drownproofing should be an integral part of any swimming program for mentally retarded persons.

Faye Joan Delmore, *The Effect of Two Retention Time Intervals and Three Levels of Overlearning on the Retention of a Gross Motor Skill by Institutionalized Moderately Retarded Males*, doctoral dissertation. University of Connecticut, Storrs, Connecticut, 1975.

This study was devised to determine effects of overlearning on retention of gross motor skills among institutionalized moderately retarded males (N=54; CA 15-45; MA 4-5 to 9-8; IQ 34-57). Subjects were taught to throw a bounce pass at a target. Upon reaching criterion of four successful hits in or on the perimeter of the target, subjects experienced a 0%, 50%, or 100% overlearning treatment. Time intervals of 14-42 days passed before a retention test was administered. Analysis indicated that neither length of time between retention test and original learning nor interaction of time intervals and percentage of overlearning on retention test scores was statistically significant. However, it was found that 50% and 100% overlearning reduced significant results. It was concluded that overlearning was an important factor to consider in retention of gross motor skills among institutionalized moderately retarded males.

Barbara K. Ross, *Changes in Profoundly Mentally Retarded Adult Females During A Walking Program*, master's thesis. Texas Woman's University, Denton, Texas, May 1975.

This study was designed to investigate physical and behavioral changes in profoundly mentally retarded adult women (N = 22; CA 17 to 33, IQ under 19 on Vineland Social Maturity Scale) during a walking program conducted for a period of approximately three months at a state school for mentally retarded persons. Subjects were divided equally into experimental and control groups. The experimental group participated in a walking program 45-minutes a day, five days per week, for 12 weeks; the control group participated only in regularly scheduled physical and recreational activities. Pre-and post-treatment assessments were made of body fat (Sloan, Burt, Blyth Formula applied at iliac crest and back of arm), distance walked, and selected behavioral traits such as temper tantrums, aggressiveness, destruction of clothing, spontaneous activity, willingness to leave dormitory, ability to stay with group outside dormitory (Ross Scale of Selected Behavior Traits). Personnel involved in the walking program maintained contact with subjects and coerced each if necessary to walk as fast as possible. The only significant result was increase in miles walked by the experimental group; the control group actually decreased over this period of time. No significant changes within or between groups were noted in body fat measurements or on the Ross Scale.

recent studies

Aufsesser, Peter. *Effect of Repeated Trials on the Reliability of Physical Fitness and Perceptual-Motor Performance Scores of Institutionalized Educable Mentally Retarded Subjects.* Doctoral dissertation. College Park, Maryland: University of Maryland, 1974.

Broadhead, Geoffrey D. "Social Class Correlates of Gross Motor Performance in Special Education." *Rehabilitation Literature,* November 1974 (Vol. 35, No. 11), 331-335.

Chasey, William C., Jon D. Swartz, and Carol G. Chasey. "Effect of Motor Development on Body Image Scores for Institutionalized Mentally Retarded Children." *American Journal of Mental Deficiency,* January 1974 (Vol. 78, No. 4), 440-445.

Ersing, Walter F. "The Nature of Physical Education Programming for the Mentally Retarded and Physically Handicapped." *Journal of Health, Physical Education, Recreation,* February 1974 (Vol. 45, No. 2), 89.

Kennedy, D.M. *Preference for Competition Among Normal and Retarded Boys as a Function of Practice, Skill, and Locus of Control.* University Park, Pennsylvania: Pennsylvania State University, in progress.

Kennedy, D.M. *The Acquisition of Play Behavior in Severely Retarded Boys Using Modeling Procedures.* University Park, Pennsylvania: Pennsylvania State University, in progress.

Katz, Shlomo and Esther Yekutiel. "Leisure Time Problems of Mentally Retarded Graduates of Training Programs. *Mental Retardation,* June 1974 (Vol. 12, No. 3), 54-57.

Levy, Joseph. "Social Reinforcement and Knowledge of Results as Determinants of Motor Performance Among EMR Children." *American Journal of Mental Deficiency,* May 1974 (Vol. 78, No. 6), 752-758.

Lucas, Carol A. *The Recreation Practices and Preferences of Employable Mentally Retarded in the Community.* Master's thesis. Denton, Texas: Texas Woman's University, in progress.

Liemohn, Wendell P. and Dennis R. Knapczyk. "Factor Analysis of Gross and Fine Motor Ability in Developmentally Disabled Children." *Research Quarterly,* December 1974 (Vol. 45, No. 4), 424-432.

Liese, James. "Physical Fitness and Intelligence in TMR's." *Mental Retardation,* October 1974 (Vol. 12, No. 5), 50-51.

Major, Susan. *Impact of Toys on Motor Responses of Multihandicapped Mentally Retarded Children.* Master's thesis. Denton, Texas: Texas Woman's University, in progress.

Moss, Raymond Fidalis. *Motor Specificity in the Mentally Retarded.* Master's thesis. Austin, Texas: University of Texas, 1974.

Ross, Barbara. *Changes in Profoundly Mentally Retarded Adult Females During a Walking Program.* Master's thesis. Denton, Texas: Texas Woman's University, in progress.

Sylvis, James. *Effect of Operant Conditioning on the Motor Performance of Educable Retarded Children.* Doctoral dissertation. Buffalo, New York: State University of New York at Buffalo, in progress.

Sheare, Joseph. "Social Acceptance of EMR Adolescents in Integrated Programs." *American Journal of Mental Deficiency,* May 1974 (Vol. 78, No. 6), 678-682.

Summa, Kathryn B. *Effects of Structured and Non-Structured Programs on Body Awareness and Control Skills of Educable Mentally Retarded Girls.* Master's thesis. College Park, Maryland: University of Maryland, 1974.

Speakman, Haddon G.B. "The Suitability of a Motor Fitness Test for the Mentally Retarded. *Journal of the Georgia Association for Health, Physical Education, and Recreation,* 1973 (Vol. 6, No. 1), 24-25.

Vodola, Thomas M., Fred West, and Alexis Widmann. "The Effects of Individualized Motor-Cognitive Activities on Motor Performance, Academic Achievement, and Self-Concept of Underachieving Students." *AVISO* (Kean College of New Jersey, Newark, New Jersey), 1974.

Verduzco, Roger. *Relationship Between the Motor, Personality, and Intellectual Domains Among Preadolescent EMR's.* Doctoral dissertation. West Lafayette, Indiana: Purdue University, 1974.

FURTHER RESOURCES

Comprehensive reviews and analyses of psychomotor function, physical education, recreation, and related areas for mentally retarded persons have been reported in the literature at various times; some information systems, materials centers, and resource networks provide services by which such materials can be obtained at reasonable costs. Among critical reviews, analyses, articles, and resources that interested readers can obtain and/or contact are:

"Motor Function and Physical Fitness of the Mentally Retarded: A Critical Review." Julian U. Stein. *Rehabilitation Literature,* August 1963 (Vol. 24, No. 8), pp. 230-42, 263.

"What Research Says About Psychomotor Function of the Retarded." Julian U. Stein and Roy Pangle. *Journal of Health, Physical Education, Recreation,* April 1968 (Vol. 37, No. 4), p. 36.

"Physical Fitness and the MR: A Review of Research." Jack Campbell. *Mental Retardation,* October 1973 (Vol. 11, No. 5), pp. 26-29.

"The Status of Physical Education for the Retarded." Louis Bowers. *Physical Education and Recreation for Handicapped Children: Proceedings of a Study Conference on Research and Demonstration Needs.* Washington, D.C.: American Association for Health, Physical Education, and Recreation and National Recreation and Park Association, n.d., pp. 1-6.

"Motor Skills in Mental Deficiency." L.F. Malpass. *Handbook of Mental Deficiency.* (N.R. Ellis, ed.) New York: McGraw Hill, 1963.

Bibliography on Research in Psychomotor Function, Physical Education, and Recreation for the Mentally Retarded. Washington, D.C.: American Association for Health, Physical Education, and Recreation, 1966. Available from Information Center on Handicapped and Gifted (Council for Exceptional Children, 1920 Association Drive, Reston, Virginia 22091) document number ECO10463, or from ERIC Reproduction Service (EDRS, P.O. Box 190, Arlington, Virginia 22210) document number EDO15583.

"Physical Performances of the Mentally Retarded." *Expanding Concepts in Mental Retardation.* (George A. Jervis, ed.) Springfield, Illinois: Charles C. Thomas Publisher, 1968.

"What's Going On? Annotated Research Bibliography in Physical Education, Recreation, and Psychomotor Function of Mentally Retarded Persons. Washington, D.C.: Information and Research Utilization Center in Physical Education and Recreation for the Handicapped (American Alliance for Health, Physical Education, and Recreation), in press.

"Mentally Retarded." Therapeutic Recreation Information Center. Eugene, Oregon: University of Oregon, Department of Recreation and Park Management (1607 Agate Street), n.d.

Motor Activity and the Education of Retardates. (second edition) Bryant J. Cratty. Philadelphia, Pennsylvania: Lea & Febiger, 1974.

Physical Education for the Mentally Retarded. John N. Drowatzky. Philadelphia, Pennsylvania: Lea & Febiger, 1971.

The Research and Training Center in Mental Retardation, Texas Tech University (Lubbock), has recently been awarded a research grant by The Joseph P. Kennedy Jr. Foundation to determine effectiveness and potential of the Special Olympics Program. Specifically, the study is to involve an evaluation of the program in terms of its effects on participants—not just in physical capability, but in feelings of self-worth and achievement. It is also to assess perceptions of the retarded by others, such as their teachers and parents, and degrees to which the Special Olympics affects attitudes of community groups. Plans for the second and/or third years of the study include developing training programs for retarded persons, helping implement programs in communities which do not have them, and examining special needs of persons who are excluded from participation in athletic programs because of behavior problems or fear of failure.

B.J. Brown. The Effect of an Isometric Strength Program on the Intellectual and Social Development of Trainable Retarded Males. Special research study. Blacksburg, Virginia: Virginia Polytechnic Institute and State University, 1974.

This study was undertaken to determine effect of a six weeks isometric strength program on intellectual and social development of 40 trainable mentally retarded males (CA 12, IQ 30 to 50). In each of four years, 10 males were randomly selected as subjects, and then five randomly placed in both control and experimental groups. Experimental subjects participated daily in a series of 12 isometric strength exercises. Control subjects interacted daily on an equal time basis with an experimenter associated with the experimental group; interaction consisted of walking and talking with these subjects. Pre-experimental sessions were conducted to assure uniformity of treatment methods. Pre-testing and post-testing were performed by qualified psychologists experienced in administering Stanford-Binet Intelligence Test and Vineland Social Maturity Scale to TMR's; these psychologists were not involved in the experiment. Results showed that TMR males who participated in the six weeks isometric strength program did significantly better than control subjects on intellectual and social post-test .

Marsha Ramey. Development of Materials for Professional Preparation in Physical Education for the Profoundly Mentally Retarded. Master's thesis. Denton, Texas: Texas Woman's University, 1974.

This study was designed to improve professional preparation of students in physical education who plan to work with profoundly mentally retarded persons. It was decided that students should become acquainted with (1) characteristics of profound mental retardation, (2) adaptive and motor behavior of profoundly mentally retarded persons, (3) tests and rating scales currently being used to evaluate social development, adaptive behavior, and motor ability of this population, and (4) physical education techniques being used with profoundly retarded persons. The case study method of collecting data was used to achieve the stated objectives.

In choosing subjects, criteria were established by the investigator. After interviews with various personnel and study of records, ten male subjects were chosen. Additional data were gathered about these subjects through a variety of interview, study, and observational techniques. Findings are reported in such a way that they can be used as a workbook for students preparing to work with profoundly mentally retarded persons. Study questions are also presented to aid students in gaining an understanding of profound mental retardation in all aspects set forth in purposes of the study.

Detailed information is provided about the setting in which subjects lived, training and recreation programs in which they were involved, and evaluative techniques used in describing subjects and/or those currently being used with this population. Individual case studies of the ten profoundly retarded ambulatory subjects (CA 11 to 19; social quotients 10 to 20, X 14.7) provided sociometric information, personal history including information about birth, physical characteristics and traits, motor behaviors, and results of various tests (Vineland Social Maturity Scale, Santa Cruz Behavioral Characteristics Progression, Basic Movement Performance Profile, AMP Index, and Milani-Comparetti and Gidoni Reflex Examination).

Richard A. Ness. The Standardization of the Basic Movement Performance Profile for Profoundly Retarded Institutionalized Residents. Doctoral dissertation. Denton, Texas: North Texas State University, 1974.

This study was designed to standardize the Basic Movement Performance Profile (BMPP) with male and female profoundly mentally retarded residents from the ten Texas state schools for the mentally retarded. From results of data, BMPP was established as a valid and appropriate instrument to measure basic movement abilities of profoundly retarded residents of Texas state schools for mentally retarded. In addition, results indicated that BMPP was a reliable instrument to measure basic movement skills of profoundly retarded residents at Denton State School. From data collected, performance level norms were established for male and female residents of Texas schools for mentally retarded. Items contained on the BMPP with test-retest reliability indicated, included: crawling, .83; walking, .78; walking up four stair steps, .58; walking down four stair steps, .63; running, .65; climbing, .70; standing long jump, .79; jumping with two-foot takeoff from 18 inch folding chair, .83; dodging a large cage ball rolled from 15-feet away, .69; forward roll, .83; balancing on one foot with shoes on, .52; walking four inch balance beam with shoes on, .57; carrying folding chair, .88; hitting volleyball with plastic bat, .90; pushing wheelchair, .68; pulling wheelchair, .72; throwing softball overhand, .77; catching bean bag thrown from five feet away, .81; kicking soccer ball, .73; hanging from horizontal bar, .81; complete test, .94. Scoring for all items is based on a five-point (0 to 4) scale that is objective in terms of specific performance behaviors. A test manual including general testing procedures, explanation of test items, and related information is included.

Joan Clare-Whelan Deahl. Physical Work Capacity of Educable Mentally Retarded Adolescents With the Bicycle Ergometer and 12-Minute Run-Walk. Master's thesis. Pullman, Washington: Washington State University, 1974.

Physical work capacity and heart rate data were compiled to study cardiovascular response of four female and 12 male adolescent educable mentally retarded subjects. Three tests each were performed on a bicycle ergometer and with a 12-minute run-walk. The bicycle test consisted of subjects pedaling 60 revolutions per minute at one kilopond for three minutes, followed by a one-minute rest, followed by continued pedaling at .5 kilopond increments, beginning at two kiloponds until refusal or inability to continue. Exercise and recovery heart rates were measured by a cardiotachometer. The 12-minute run-walks were conducted on a 220-yard grass course. Recovery heart rates were taken manually. Findings indicated: (1) between-trial variation for both tests was nonsignificant, (2) the 12-minute run-walk proved a reliable means of assessing physical work capacity compared to the bicycle ergometer for this group, (3) great individual variation in cardiac response indicated a wide range of work capacities for the group, and (4) the group as a whole displayed average cardiovascular fitness compared to established norms for both tests.

James V. Sullivan. ***The Development and Evaluation of a Teacher Preparation Course in Physical Education for Teachers of Educable Mentally Retarded Children.*** Doctoral dissertation. Boston University, 1971.

Educable mentally retarded children (N - 128; CA 8 to 15) were taught physical education for one year by 16 special education teachers who were divided into four groups depending on their preparation to teach physical education to educable mentally retarded children. Pre and post assessments were made of motor ability, physical fitness, and social adjustment of the children. Educable mentally retarded children taught by teachers who had taken a special physical education course showed significantly more improvement than did children in the other three groups. Performances of children in this group gave indication that teachers learned methods, techniques, and skills from taking the special education course dealing with educable mentally retarded children.

Darlene Kay Conover. ***Object Preference and Resulting Movement Behaviors of Three to Seven Year Old Custodial and Trainable Retarded Boys.*** Doctoral dissertation. Columbus, Ohio: Ohio State University, 1973.

The purpose of this study was to determine object preference and movement behaviors evoked by selected objects (ball, blocks, climber, inner tube, and wagon) from 11 three to seven year old custodial and trainable mentally retarded boys. Data collection was divided into two major sections: (1) ***Study of Object Familiarization*** was to introduce each subject to each object individually to reduce possible familiarity/novelty effects; each subject was placed in a room with one object at a time—no teaching or demonstrating was done with the object. Each subject was left alone in the room with objects for five minutes during which time his behavior was recorded. (2) ***Study of Object Preference*** was to determine which object was most preferred when all five objects were presented simultaneously. Each subject was placed in the center of the objects and teaching or demonstrating with the objects was not done. Each subject was left alone in the room with objects for eight minutes during which time his behavior was recorded. Major findings showed that subjects, when considered as a group, displayed no object preference. However, individual subjects did demonstrate preference for certain objects; thus individual likes and dislikes must be considered when selecting objects for functional environments. Even though such objects evoked movement behaviors, presence of objects in a setting devoid of human contact was not sufficient for establishment of stimulating and functional environments. No correlations between chronological age and time spent with objects were significant. Significant positive correlations existed between motor age and time spent with the ball and total time spent with all objects combined. A positive significant correlation existed between IQ and time spent with the wagon. Considering all five objects, movement behaviors most exhibited were resting with the head; manipulating with the hands; holding, lifting, and pushing with the arms; walking with the legs; and sitting with the trunk. Of all movements displayed, those occuring for the greatest length of time were inactive and sedentary in nature. If development of retarded children is to be enhanced, not only must the environment be equipped with selected objects, but appropriate utilization of such objects must be ensured.

Edward A. Gross. ***Survey of Physical Education for Educable Mentally Retarded Children in Public Schools Throughout the United States.*** Master's thesis. Lawrence, Kansas: University of Kansas, May, 1973.

The purpose of this investigation was to survey via mail questionnaire the status of physical education programs for educable mentally retarded children in public schools throughout the United States. Questionnaires based on Brace's 1966 study and on input from personnel in the field were sent to special educators selected randomly in 14 states; selection was based on a stratified random sample from the six American Association for Health, Physical Education, and Recreation districts. Of 100 questionnaires sent to each District (N=600), 298 (49.7%) were returned; 281 of these responses were usable. Results showed: 1) physical education to be a part of educational programs for EMR children in these public schools, 2) EMR boys and girls within sampled districts were integrated with normal children for physical education and were provided a variety of activities during the school year, 3) attitudes of children toward physical education were positive, 4) EMR students did not have opportunities to participate in school intramurals or in regularly scheduled recreational activities in their communities, 5) physical education progress of these children was evaluated by a wide variety of systems, but in many instances no evaluations at all were reported, 6) either no local and state supervisors of physical education for EMR pupils existed or if so they rarely observed teachers of these physical education programs, 7) most respondents felt that their professional preparation was predominantly in special education with little exposure to physical education, and 8) the majority of these educators felt they needed more training to be professionally qualified to teach physical education to EMR children.

Terry Leland Baylor. ***Comparison of Heart Rates of Two Groups of Mentally Retarded Males.*** Master's thesis. University of Texas, Austin, 1971.

Two groups of 12 institutionalized trainable mentally retarded males (CA 11-5 to 14-10 and 18-4 to 21-5) were monitored with a transistorized cardiotachometer under the following conditions: (1) an initial 4½-minute supine resting phase, (2) a 30-second supine anticipatory phase, (3) a 12-minute progressive load-working phase while running on a treadmill, and (4) a 10-minute supine recovery phase. Analyses revealed no significant differences in heart rates as a function of chronological age. The overall nature of the cardiovascular response for mentally retarded males seemed to be typical of those that appear in persons of normal intelligence.

Jean L. Pyfer. ***The Effects of Selected Physical Activities on Moderate Mental Retardates' Static and Dynamic Balance.*** Doctoral dissertation. Indiana University, Bloomington, 1970.

An attempt was made to improve static and dynamic balance performances of moderate mentally retarded children (IQ 35-59) with a sequential series of balance lessons. A sub-purpose was to suggest activities and rhythms for children 8 to 12 years of age which incorporated balancing tasks and appealed to the youngsters. Three intact classes were assigned treatments at random. Pre and post study static and dynamic balance performances were measured by a modified Oseretsky Motor Development Scale. One group received 40-daily one-half hour experimental physical education lessons; a Hawthorne effect group received 40-daily one-half hour language development lessons and daily one-half hour physical education lessons; a neuromuscular maturation group received no additional attention but participated in one-half hour daily free play. The first group improved significantly in balance. Gains resulted from tasks included in the experimental physical education lessons. The Hawthorne effect group improved significantly in ability to slide, walk forward and backward, and to hop. The neuromuscular maturation group improved significantly in ability to jump consecutively in one place.

Muriel E. Hanson, ***A Factor Analysis of Selected Body-Image Test Appropriate for Use With the Mentally Retarded.*** Doctoral dissertation. Texas Woman's University (Denton), 1973.

In this study factor analysis was used to identify factors in seven selected tests which purported to measure body-image. Subjects were 88 educable mentally retarded boys and girls with a chronological age range from eight through ten years. The seven selected body-image tests included: (1) Body Perception (Cratty), (2) Purdue Perceptual-Motor Survey (Roach and Kephart), (3) Imitation of Gestures (Berges and Lezine), (4) Hand, Eye, and Ear Test (Head), (5) Body-Image Identification Test (Gottesman and Caldwell), (6) Finger Localization (Benton), and (7) Body-Image Stereotype Test (Staffieri). Each subject's age and sex were added to the 22 test variables for a total of 24 variables. The principal axes factor analysis with the varimax rotation extracted nine factors which accounted for 70% of the possible variance. Factors were named as follows: (1) finger localization and visual discrimination, (2) identification of parts, surfaces, and sides, (3) male and female body type identification, (4) planning and execution of motor tasks, (5) stereotyping of body builds, (6) recognition of masculinity-femininity traits, (7) ectomorph body type, (8) identification of male-female upper and lower limbs, and (9) somatotype choice. Factor names were descriptive in nature of the interrelationships in variables involved in the factors.

Pruess, Larry A. ***The Status of Physical Education Programs for Mentally Handicapped Children in the State of Wisconsin.*** Master's research project. Boulder, Colorado: University of Colorado, 1972.

Through this survey, the status of physical education programs for mentally handicapped children in the public schools of Wisconsin was investigated and recommendations for changes and future directions made. The main body of Brace's 1966 questionnaire was updated, adapted for use in Wisconsin, and sent to 835 randomly selected special education teachers in all cities and communities with programs for mentally handicapped children. Results were based on 346 (41.4%) returns; 458 questionnaires (54.8%) were not returned and 31 (3.7%) received without requested information or too late to be tabulated. Detailed analyses and recommendations were based on data from these major areas: (1) program information including personnel, organization and administration, curriculum, facilities and equipment, (2) review of sound program practices as recommended by recognized experts, (3) comparison of the status of programs in Wisconsin with recommendations of experts, and (4) suggestions for changes and future directions based on comparisons of existing programs with recommendations of experts. Findings of interest included: (1) 313 (91%) of respondents indicated that their schools had student populations consisting of both mentally handicapped and normal students, (2) 82% felt that EMR children could be taught in physical education classes with normal children, (3) 7% felt TMR youngsters could be integrated with nonretarded for physical education, (4) 22% indicated that EMR and TMR students could be scheduled together for physical education, and (5) trends in Wisconsin were toward integrating mentally retarded and normal children for physical education.

Maksud, Michael G. ***Physiological Responses of EMR Children to Strenuous Exercise.*** Milwaukee, Wisconsin: Exercise Physiology Laboratory, University of Wisconsin–Milwaukee, 1974.

Purpose of this study was to measure several physiological responses of a group of young educable mentally retarded boys (N-62; CA 10 to 13) during strenuous bicycle exercise. Measurements included maximal heart rate, ventilation, breathing frequency, and oxygen uptake. Several physical characteristics of the boys were also measured. Fifty-six percent of the subjects were black with the remainder white; no significant differences were observed between the two racial groups. Maximal oxygen uptake for these subjects appeared to be lower than data reported for normal children and in one study of EMR children. Various factors may have contributed to the lower aerobic power of EMR children in this study including (1) low socioeconomic status with limited opportunities for physical recreation, (2) subtle peer discrimination, and (3) ***labeling*** which may have limited opportunities for participation in physical activities.

Index

Adaptation
of activities, 67-68, *86**
of equipment, 76, 77-78
Adult programs, 40
Animals, therapeutic value of, 50
Art, 103
Arts and crafts. *See* Crafts
Athletics, 41-44, *87*

Bicycling, 73, 99
Books
reviews of, *84-88*
Arts and Crafts for Special Education, 87
The Beanbag Curriculum, 87
Every Child A Winner with Improvised Physical Education Equipment, 86
The Family Play Manual, 51
Growing Places, 85
Gymnastics for Elementary School Children, 88
Handicapped Children in Head Start Series, 86
Handicrafted Playgrounds, 84
Handtalk: An ABC of Finger Spelling & Sign Language, 85
The Hirshoren and Lloyd Bibliography on the Dual Handicaps of Hearing Impairment and Mental Retardation, 87
Influence of Sports Activities on Rehabilitation of Paralytic Subjects: A Study of the Physical and Psychological Impacts, 87
Instant Art Lesson Plans, 86
Integrating Persons with Handicapping Conditions Into Regular Physical Education and Recreation Programs, 85
Movement Experiences for the Mentally Retarded or Emotionally Disturbed Child, 86
National Amputee Ski Technique, 84
National Park Guide for the Handicapped, 87
One Out of Ten: School Planning for the Handicapped, 85
Physical Activities for Individuals with Handicapping Conditions, 86
Playscapes, 85
Play Structures, 84
Putting It All Together: Techniques and Methods for Handicapped Children, 100
Retarded and Happy, 97
Sensory Integration and Learning Disorders, 87
Special Olympics Poly Hockey, 85
Teaching Swimming to the Handicapped, 87
Teaching the Blind to Ski, 84
Touching: The Human Significance of the Skin, 87
The Travelers Book of Children's Exercises, 95
Trends for the Handicapped, 84
Volunteers in Rehabilitation, 86
Water Learning: A New Adventure, 84
The Winter Park Amputee Ski Teaching System, 84
Bowling, 100

Camping, 11-15
Camps
day, 29, 47
overnight, 13-14, 45-46, *90*, 101, 102
Canoeing, 11-12, 102
Consumer advocacy, 2, 7
Crafts, 9-10, 15, *86, 87, 91, 92*, 97, 100

Day care center, 60
Diabetes, *87*
Drama, 16-18

Editorials, 1-5, 7-8
Education, special, for handicapped persons, 55-56, *85, 89, 92, 93, 94*
Epilepsy
and swimming, 39
and sports participation, *87*, 98, 102
Equipment, 23, 72-76, 77-78, *85, 86, 87, 95*
Evaluation
of students, 15, 30, 31-32
of teachers, 83
of volunteers, 82
Exercising, in water, 38

Family programs, 51
Fesitvals, for mentally retarded persons, 48-49, 100
Films
reviews, of *85, 89-94*
Aqua Dynamic Conditioning, 94
At Your Fingertips, 91
Baxter, 101
Chance to Live, 90
A Child is a Child, 92
Coming Home, 89
Cry Sorrow, Cry Hope, 99
Expanding Concepts of Assessing Minority Students, 90
Focus on Ability, 94
Free, 89
The Fun of Your Life, 94
The Fun With A Friend in the Gym, 94
If A Boy Can't Learn, 93
The I in the Beat, 91
Keep on Walking, 90
Let Me Live in Your World, 89
A Matter of Inconvenience, 89
Maurie, 101
Moving/Making/Me, 92
1975 International Special Olympics Games, 89
Nobody Took the Time, 93
Outdoor Play–A Movitating Force for Learning, 90
Playground, 89
The Promise of Play, 92
Safety As We Play and *Playground, 94*
School Is for Children, 93
Somebody Waiting, 91
Something Shared, 93
Special Children Special Needs, 92
Testing Multihandicapped Children, 90
Those Other Kids, 94
Three Wonderful Days, 93
T.R.E.K., 93
. . . Two, Three, Fasten Your Ski, 89
Valley of Miracles, 90
Water Play for Teaching Young Children, 94
Where Do the Children Play?, 92

*Page numbers in italics refer to descriptions of books, periodicals or films

Where the Children Are, *85*
Fitness, activities and facilities, 69-71

Games and puzzles, 10, 28, 64-66, 67-68
Gymnastics, *88*, *90*

Hockey, poly, *85*
Horseback riding, 19-20

Information dissemination centers, 88, 96
Interdisciplinary cooperation, 60, 79-80, *85*, *90*

Karate, 21-23, *89*

Leadership, 4, 39, 54, 77-83
Legal rights, of handicapped persons, *94*, 97, 98, *99*, 103

Mainstreaming, 2-3, 54, *85*, *89*, *95*, 102, 103
Martial arts
  karate, 21-23
  tae kwon do, 21-23
Motor abilities, evaluation of, 31-32
Motor development
  activities, 26-28, 62-63, *86*
  research, 104-108
Music, 15, 16-18

Normalization, 3. *See also* Mainstreaming

Olympic games, special, 6, 41-42, *85*, *89*, *93*, 99
Outdoor activities, 11-15, 19-20, 29, 33-34, 35-38, 41-42, 48-49, 52-53, 69-71, 75, 101

Parents, *90*, 102
Perceptual-motor abilities, evaluation of, 30
Perceptual-motor development activities, 24, 29, 37, 55-56, 64-66, 67-68, *87*
Periodicals, *88*, *96*, *97*, *99*
Play, 57-59
  outdoors, 52, 53, *84*, *90*
  water, *84*, 98
Playgrounds, 52-53, *84*, *89*, *94*, 96
Professional preparation, 5, 79-80, 113

Research, 104-117
  Basic Movement Performance Profile, standardization of, for mentally retarded persons, 113
  body-image tests, factor analysis of, 115
  fitness, 111
  isometric strength program, effect of, 113
  moderately trainable persons, 104-108
  overlearning, effects of, 111
  physical activity, effects of, 115
  physical education programs, status of, 114, 115
  professional preparation, of physical education material, 115, 116
  sensori-motor techniques, survey of, 116-117
  studies, findings of, 109-110
  visual perception, 111
Residence facilities, for handicapped persons, *89*, *91*

Scouting, *95*, 96, 99
Sensori-motor techniques, 111-112
Severely handicapped persons, 55-56, 60, 62-63, 77-78, *92*, 103
Skiing, 33-34, *84*, *89*
Special education, *See* Education, special
Special Olympics. *See* Olympic games, special
Sports. *See* Athletics
Square dancing, 100
Swimming, 15, 35-39, 40, *87*, *88*, *94*, 97, 98

Television programs, for handicapped persons, 97
Therapy, 61
  activities, 50, 62-63, 77-78, *91*, *92*

Volunteers, 39, 48-49, 52-53, 60, 77-78, 81, 82, *86*, 101, 103
  mentally retarded persons, 101

Wilderness activities, 15, 29, 102
Winter activities, 13-14, 33-34, 101

ALSO AVAILABLE FROM AAHPER:

ANNOTATED RESEARCH BIBLIOGRAPHY IN PHYSICAL EDUCATION, RECREATION, AND PSYCHOMOTOR FUNCTION OF MENTALLY RETARDED PERSONS

This new research bibliography, developed over several years, contains 439 studies and bibliographic citations for 419 additional projects covering a period of almost 100 years — 1888 to 1975. It represents the most comprehensive effort yet made to present studies and analyses in these areas of concern. 1975.

BEST OF CHALLENGE

A compilation of the best articles from Challenge, AAHPER's newsletter for special educators, parents, volunteers and others who work with the handicapped. Designed as a basic or supplementary text for college courses and as a reference for workshops, clinics, seminars, institutes, classes and similar inservice and preservice programs.
VOL. I (articles from the Dec. 1965 through May-June 1970 issues)
VOL. II (articles from the Sept.-Oct. 1970 through May-June 1973 issues)
VOL. III (articles from the Sept.-Oct. 1973 through April-May 1976 issues)

CAREERS IN ACTIVITY AND THERAPY FIELDS

Developed for high school students interested in investigating careers in art, dance or music therapy, early childhood education, athletic training, adapted physical education, developmental optometry, therapeutic recreation, horticulture therapy, occupational therapy, activity therapy, rehabilitation services or physical therapy. Each field is described in terms of its purpose, places where positions are offered, training required, and whom to contact for further information. The booklet also offers suggestions for volunteer and part-time work experiences to give high school students direct exposure to their field of interest. 1976.

DANCE THERAPY
FOCUS ON DANCE VII

A comprehensive examination of the new field of dance therapy. Articles on training, research, methods of work and dance therapy for special groups by leaders in one of dance's most exciting applications. 1974.

INTEGRATING PERSONS WITH HANDICAPPING CONDITIONS INTO REGULAR PHYSICAL EDUCATION AND RECREATION PROGRAMS

An analysis of selected research and program literature concerned with the integration of individuals with handicapping conditions into physical education, recreation and related programs. With selected references and audiovisual aids. 1975.

MATERIALS ON CREATIVE ARTS FOR PERSONS WITH HANDICAPPING CONDITIONS

A comprehensive analysis of program and research literature concerning arts, crafts, dance, drama and music for individuals with various handicapping conditions. Sections include bibliographic references, audiovisual materials, resource persons, related associations and organizations, and material/equipment suppliers. 1975.

MOTOR FITNESS TESTING MANUAL FOR THE MODERATELY MENTALLY RETARDED

Contains modifications of, and special norms for, moderately mentally retarded persons on the AAHPER/Kennedy Foundation Special Fitness Test. Additional activities and performance scales appropriate for this population are included. An award system developed in terms of moderately mentally retarded boys and girls is an integral part of the program. 1975.

PHYSICAL ACTIVITIES FOR THE MENTALLY RETARDED (IDEAS FOR INSTRUCTION)

Instruction in activities promoting fundamental motor development and the exploration of general areas of skill; designed for use by physical education instructors, classroom teachers, and recreation personnel. 1968.

PHYSICAL EDUCATION AND RECREATION FOR IMPAIRED, DISABLED, AND HANDICAPPED INDIVIDUALS: PAST, PRESENT, FUTURE

A systematic collection, analysis and synthesis of research data, empirical evidence, program information, and various resource materials in recreation/therapeutic recreation and physical education/adapted physical education for disabled individuals. Each of the more than 20 "state of the art" reports includes a review of available literature, summaries of priority needs in research and demonstration, personnel preparation, and media needs. 1975.

PHYSICAL EDUCATION AND RECREATION FOR INDIVIDUALS WITH MULTIPLE HANDICAPPING CONDITIONS

Contains a brief analysis of literature, abstracts, and information on physical education and recreation for individuals with multiple handicapping conditions. Sections are presented that include examples of related programs, references, resource contacts, and audiovisual aids. 1975.

PHYSICAL EDUCATION AND RECREATION FOR THE VISUALLY HANDICAPPED

A valuable resource for the special educator, recreation specialist and physical educator — as well as the volunteer, para-professional or parent — involved in physical education or recreation for the visually handicapped. Includes information on the nature of visual impairments, practical suggestions for active participation in modified programs and successful, easy-to-administer instructional methods. A variety of sources are suggested for further reference, study and use. 1973.

PRACTICAL GUIDE FOR TEACHING THE MENTALLY RETARDED TO SWIM

Designed to help professionals and volunteers teach the mentally retarded to swim or to swim better. Sections deal with the instructional staff, volunteers and aids, preservice and inservice training, and community involvement, and include creative approaches which have been used successfully in aquatics programs. 1969.

PROGRAMMING FOR THE MENTALLY RETARDED IN PHYSICAL EDUCATION AND RECREATION

Includes material on recreation and day care for the mentally retarded; a community recreation team approach to programming; play facilities and equipment; motor activities in programs for the retarded; and recreation programming for the adult retardate. 1968.

RECREATION AND PHYSICAL ACTIVITY FOR THE MENTALLY RETARDED

Covers the objectives of recreation, brief description of mental retardation, what play can mean for the retarded, objectives and desired outcomes of programs in physical activity, organization and teaching, and suggested activities. Annotated bibliography. 1966.

RESOURCE GUIDE IN SEX EDUCATION FOR THE MENTALLY RETARDED

A comprehensive guide for the educator, volunteer and parent, prepared by AAHPER and the Sex Information and Education Council of the United States. A developmental approach is utilized in order that materials can be readily selected for use with the educable or trainable child. Includes a listing of additional resources. 1971.

SPECIAL OLYMPICS INSTRUCTIONAL MANUAL — FROM BEGINNERS TO CHAMPIONS

Covers activities, methods, teaching/coaching hints and progressions for conditioning and fitness, track and field, volleyball and swimming appropriate for youngsters of all ages, at all performance levels. Developed primarily for use by aides, volunteers and classroom teachers of mentally retarded youngsters, but equally useful for professionals in the fields of physical education, recreation, sports and activities. Published jointly with the Joseph P. Kennedy Jr. Foundation. 1972.

TESTING FOR IMPAIRED, DISABLED, AND HANDICAPPED INDIVIDUALS

Provides information about physical fitness tests, perceptual-motor scales, and developmental profiles for use with impaired, disabled, and handicapped persons. Summaries of instruments in each of the listed areas contain information about where each device is available, what is measured and how it is measured, administrative considerations, and general comments. 1975.

WHAT RECREATION RESEARCH SAYS TO THE RECREATION PRACTITIONER

Highlights the practical aspects of recent recreation research, as a part of the American Association for Leisure and Recreation's effort to bridge the gap between theoretician and practitioner. Contains an overview of the topic and specific sections on administrative behavior, behavior modification, therapeutic recreation, the future of leisure studies, and recreation as a social institution. The appendix provides a guide to information resources programming for persons with handicapping conditions. 1975.

MOTOR ACTIVITY/PERCEPTUAL DEVELOPMENT

ANNOTATED BIBLIOGRAPHY ON PERCEPTUAL-MOTOR DEVELOPMENT

An up-to date bibliography with sections devoted to auditory perception and movement; body image and movement; and depth-distance perception and movement. A separate compilation of tests, programs, material sources, assessment instruments and films is included. 1972.

FOUNDATIONS AND PRACTICES IN PERCEPTUAL-MOTOR LEARNING: A QUEST FOR UNDERSTANDING

A multidisciplinary examination of major conceptual viewpoints of perceptual-motor behavior and teaching methods. Includes descriptions of action programs, tests, resource materials and a professional preparation survey. 1971.

FOR A CURRENT PRICE LIST AND ORDER INSTRUCTIONS, WRITE:
AAHPER, 1201 16th Street, N.W., Washington, D.C. 20036

NEW BOOKS FOR THOSE WORKING WITH HANDICAPPED PERSONS

PROGRAM ACTIVITIES

PHYSICAL ACTIVITIES FOR IMPAIRED, DISABLED, AND HANDICAPPED INDIVIDUALS
A compilation of physical activities for persons with a variety of handicapping conditions. Methods, equipment needs, adaptations, and physical lay-outs are included. 1976.

DANCE FOR PHYSICALLY DISABLED PERSONS: A MANUAL FOR TEACHING BALLROOM, SQUARE AND FOLK DANCES TO USERS OF WHEELCHAIRS AND CRUTCHES
An illustrated guide for teaching dance activities to persons using wheelchairs or crutches. Instruction includes everything from the waltz to the tango. 1976.

INVOLVING IMPAIRED, DISABLED AND HANDICAPPED PERSONS IN REGULAR CAMP PROGRAMS
Designed to aid camp personnel, recreation agencies, and parents in involving persons with handicapping conditions into regular camp programs. Covers such topics as recruitment of campers, orienting campers to camp life and to other campers, and involving them in camp activities. Emphasis is on the similarities between handicapped and non-handicapped campers. 1976.

CHALLENGING OPPORTUNITIES FOR SPECIAL POPULATIONS IN AQUATIC, OUTDOOR, AND WINTER ACTIVITIES
This guide provides a broad range of unusual and adventurous activities for impaired, disabled and handicapped persons, such as bicycling, fishing, hiking and nature trails, horseback riding, hunting, and wilderness camping. Also includes a composite chart of resource contacts enabling readers to identify and locate specific personnel and programs. 1976.

AQUATIC RECREATION FOR THE BLIND
Harry Cordellos, who is blind himself, provides a first hand account of unique problems facing visually impaired persons in aquatic activities. Emphasis is on safety first. Topics covered include diving, survival swimming and lifesaving, small craft safety, water skiing, and scuba diving. 1976.

SPECIAL FITNESS TEST MANUAL FOR MILDLY MENTALLY RETARDED PERSONS
A revision of the 1968 manual, designed to test the physical fitness levels of mildly (educable) mentally retarded boys and girls, ages 8 through 18. Contains complete instruction for administering the seven test items (adapted from the AAHPER Youth Fitness Test) – flexed arm hang, sit-up, shuttle run, standing long jump, 50-yard dash, softball throw for distance and 300-yard run. With sample recording forms, percentile score tables, standards for awards, and suggestions for improving physical fitness. Rev. 1976.

Special Fitness Record Form
Special Gold Emblem
Special Silver Emblem
Auxiliary Bar Patches – 2 Star
3 Star
4 Star
Progress Certificate

ADAPTED PHYSICAL EDUCATION GUIDELINES: THEORY AND PRACTICES FOR 70's AND 80's
Deals with the what, why, who, when, where and how of adapted physical education in a clear perspective consistent with current directions and future trends as related to education, philosophy, legislation and litigation. 1976.

PERSONNEL PREPARATION

PROFESSIONAL PREPARATION IN ADAPTED PHYSICAL EDUCATION, THERAPEUTIC RECREATION AND CORRECTIVE THERAPY
A valuable source guide for individuals anticipating careers in adapted physical education, therapeutic recreation, or corrective therapy. Contains a listing of institutions offering programs in the field and those that offer financial assistance. Also includes a state of the art report, a listing of projects funded by the Bureau of Education for the Handicapped, and professional organizations concerned with the handicapped. 1976.

MAKING WORKSHOPS WORK IN PHYSICAL EDUCATION AND RECREATION FOR SPECIAL POPULATIONS
A guide to successful workshop planning from initial stages to the final evaluation. Covers programs, identification of participants, location, financing, publicity, facilities, equipment and materials, personnel and speakers, exhibits, registration, and evaluation. With sample planning charts and evaluation forms. 1976.

HANDICAPPING CONDITIONS

PHYSICAL EDUCATION AND RECREATION FOR CEREBRAL PALSIED INDIVIDUALS
Deals with information and resources in physical education and recreation for cerebral palsied individuals. Covers such topics as nature and causes of the condition, recreational activities, music, art and dance. 1976.

PHYSICAL EDUCATION, RECREATION, AND SPORTS FOR INDIVIDUALS WITH HEARING IMPAIRMENTS
Designed for both physical educators and recreation personnel with no background in dealing with hearing impaired persons, as well as those who have experience with this population but not with physical education or recreation. Includes basic information on hearing impairments, motor development, recreation, cultural arts, sports and swimming. 1976.

PHYSICAL EDUCATION, RECREATION, AND RELATED PROGRAMS FOR AUTISTIC AND EMOTIONALLY DISTURBED CHILDREN
Primarily a resource guide providing information about physical education, recreation, art, dance, music and drama for autistic and emotionally disturbed children. Also includes a brief description of 16 current physical education and recreation programs available for these children. 1976.

EARLY INTERVENTION FOR HANDICAPPED CHILDREN THROUGH PROGRAMS OF PHYSICAL EDUCATION AND RECREATION
Focuses on early intervention of handicapped children under the age of six years through active participation in physical education and recreation programs. Includes history of early intervention programs, growth and development processes of children, integration of handicapped and non-handicapped pre-schoolers, and programs available. 1976.

RESOURCES

GUIDE TO INFORMATION SYSTEMS IN PHYSICAL EDUCATION AND RECREATION FOR IMPAIRED, DISABLED, AND HANDICAPPED PERSONS
Contains details on 28 information systems in the areas of education, special education, the sciences, physical education, recreation, and services available to disabled consumers. Complete name and address, general services provided, and details on use of each system is also included. 1976.

ANNOTATED LISTING OF FILMS: PHYSICAL EDUCATION AND RECREATION FOR IMPAIRED, DISABLED, AND HANDICAPPED PERSONS
This third edition of the guide includes 314 annotations of films and media presentations dealing with physical education, recreation, sports, camping, outdoor education, and perceptual motor activities for impaired, disabled and handicapped individuals. Not just a listing of audiovisual materials, but information about specific areas. For planning conferences, conventions, classes, workshops, clinics, and seminars. 1976.

GENERAL

VALUES OF PHYSICAL EDUCATION, RECREATION, AND SPORTS FOR ALL
Contains frank and candid remarks from physicians, administrators, specialists, professional preparation personnel, teachers, and impaired, disabled, and handicapped persons themselves concerning the need for physical education, recreation, and sports programs for special populations. 1976.

FOR A CURRENT PRICE LIST AND ORDER INSTRUCTIONS, WRITE:
AAHPER, 1201 16th Street, N.W., Washington, D.C. 20036